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ABSTRACT

Presented is the final report of the Service Integration Project, a North Carolina demonstration project to facilitate collaboration of local programs particularly those sponsored by the Developmental Disabilities program and the Head Start program. Individual chapters deal with the following topics: overview of service integration; the human perspective of service integration; development of the project through mobilization of resources available through the Chapel Hill Training-Outreach Project, the Developmental Disabilities Technical Assistance System, and Region IV Network of services to the handicapped in Head Start; the service integration program plan; implementation of service integration; the state advisory task force for service integration; advocacy as an examination of its interaction within the human service delivery system; alternative models for interagency coordination; the collaborative process for service integration; evaluation; and recommendations for replication and investigation. Appendixes include an organization chart, the operating plan, project operating plan, calendar of events, Head Start needs assessment form questionnaire, agenda of a planning conference, the collaborative agreement form, sample letters, conference agenda, evaluation data from the State Advisory Task Force, a process manual for collaborative planning, and evaluation data. (DE)

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SERVICE INTEGRATION PROJECT: FINAL REPORT

A GUIDE TO COLLABORATION

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ACKNOWLEDGEMENTS

The Service Integration Project (SIP) was developed in response to the desire of many individuals for effective coordination of services to young children with handicaps in North Carolina. Such a response is representative of the foundation for a continuing pattern of initiative among those persons of various networks who involved their energies in the instrumentation of the SIP during 1976-1977. The creation and unfolding of the Service Integration Project may be likened to the design and layout of many interlocking puzzle parts by a group of persons with a common cause. The finished puzzle becomes a picture within a series, yet needing additions to yield clarity in ongoing collaboration.

A sincere gratitude is expressed to all who participated in the SIP through thought and action. It is not possible to name each of these individuals and so, a limited expression is offered to a small number of persons who remained a constant throughout the SIP.

Much appreciation goes to the project director, Ms. Anne R. Sanford for her infinite time and energy in the development and implementation of the SIP. Her belief in its purpose guided the SIP through a course which proved to be qualitative as well as quantitative. Additionally, Ms. Sherry Brigham extended unlimited talents and ideas throughout the program year. To characterize her input as chief typist would be a gross understatement of sensitive and creative contribution.

Other special acknowledgements are: Dr. G. Ronald Neufeld, Dr. Ronald Wiegerink, Dr. John Pelosi, Representative Patricia Hunt, Ms. Joan Bartel, Mr. Richard Freeman, Ms. Lillian Lee, Mr. Ron Anderson and Mr. Steve Holstrom. Their assistance for both guidance and implementation is noteworthy.

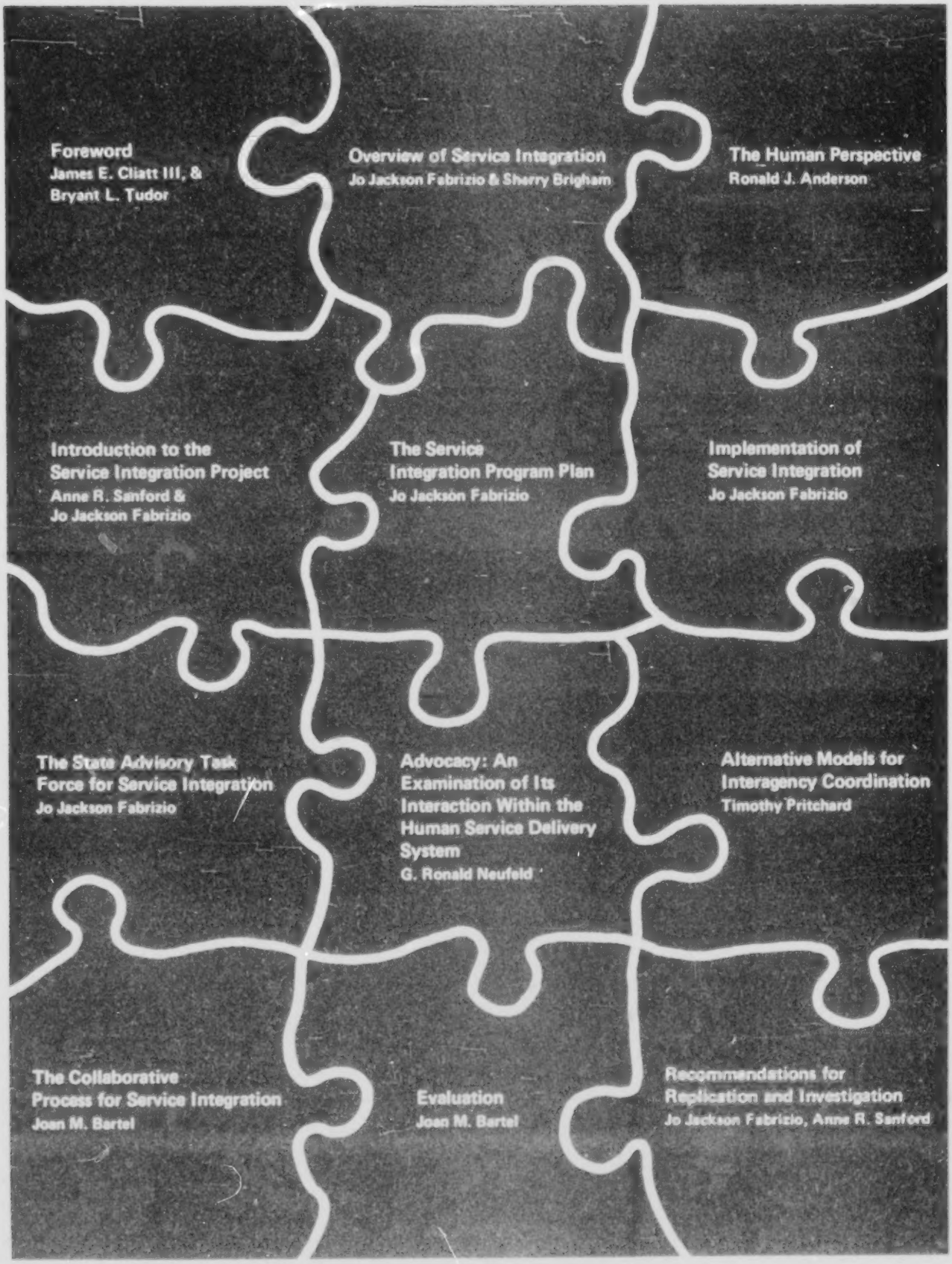
The SIP maintained close communication with the LINC State Training and Technical Assistance Office. Ms. Barbara Kamara, Ms. Hinda Berkelhammer and Ms. Virginia Driscoll provided consistent support and interaction for the SIP activities.

Other primary facilitators include: the National Office of Child Development, Dr. Pamela Coughlin; Region IV Office of Human Development, Mr. Bryant Tudor, and Dr. James E. Cliatt, III; the Region IV Office of Child Development, Mr. James Shelton. Such a factor of spontaneity and credence in the purpose and potential of the SIP is one which has perpetuated the motivation to continue through difficult as well as prosperous periods.

The Specially Funded Handicap Network of North Carolina Head Start and the State Advisory Task Force members were responsive always. Their interaction has been invaluable and most necessary.

It is of great merit to have coordinated a project which was encompassed by such a wealth of enthusiasm and belief in the rights of handicapped children. My deep and humble appreciation goes to all.

Respectfully, Jo Jackson Fabrizio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Foreword

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Bryant L. Tudor

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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OFFICE OF
HUMAN DEVELOPMENT

OFFICE OF THE
REGIONAL DIRECTOR

June 6, 1977

Mrs. Anne R. Sanford
Chapel Hill Training-Outreach Project
Lincoln Center, Merritt Mill Rd.
Chapel Hill, North Carolina 27514

Dear Anne:

On February 10, 1976, we had a unique meeting in Chapel Hill with leaders from around the State of North Carolina. They represented various service and training programs which were relevant to the discussion -- how to mesh service systems, particularly those sponsored by the Developmental Disabilities program and the Head Start Program, to improve the quality and quantity of services to Head Start handicapped children.

We felt at the time that it was a productive meeting, centering around a concept paper which was then entitled, "A Region IV Proposal for an Exemplary Service Delivery System for the Handicapped Child." The basic idea was to try and mesh in North Carolina, as many programs as possible to learn if it could be done, what the problems would be and if such a system as would be developed would have utility in other states.

The system as was developed by you and DDTAS was finally called the "Service Integration Project." We feel that this final report will be significant in that it will show accurately what can be accomplished by such an effort as well as pitfalls and shortcomings and lessons for others.

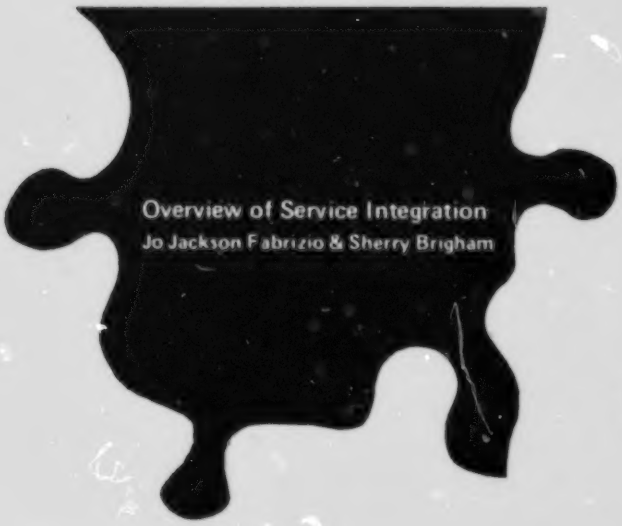
We here in this office wish to thank you and your staff and the staff of DDTAS for the high degree of professionalism and dedication to the project which has been demonstrated throughout.

Sincerely,

L. Bryant Tudor

L. Bryant Tudor
Assistant Regional Director

James E. Cliatt, III
Deputy Assistant Regional Director


Overview of Service Integration
Jo Jackson Fabrizio & Sherry Brigham

OVERVIEW OF SERVICES INTEGRATION

Rationale

Services integration represents a terminology which is unfamiliar to a significant number of consumers, professionals and paraprofessionals. Yet the application of services integration theory and practice is critical to the effective human services delivery system. A major source of confusion which characterizes services integration in concept is the lack of uniformity in its semantic definition. A brief review of a sample of the definitions which are typical for services integration follows:

(1) "The decentralization of social programs in order to reduce the complexity of government and to return more decision-making power to the states" (Salasin, Susan "Two Views on Services Integration: Bertran S. Brown and Reubin Askew", Evaluation, Vol. 3, Nos. 1-2, 1976).

(2) "Services integration is a slow, evolutionary process of developing linkages among service providers." (Morrill, William A. "Services Integration and the Department of Health, Education and Welfare", Evaluation, Vol. 3, Nos. 1-2, 1976, p.54).

(3) "Integration of service through one-stop service centers and application of a single case management approach." (De La Porte, Louis "Organizing Human Services in Florida, Response to a Public Policy Press", Evaluation, Vol. 3, Nos. 1-2, 1976, p. 81).

(4) "To some it means improving the coordination and communication between programs. To more radical proponents, it implies a restructuring of the entire service delivery system, in particular, the abolition of categorical supervision of service delivery." (Heintz, Kathleen G. "State Organizations for Human Services", Evaluation, Vol. 3, Nos. 1-2, 1976, p. 108).

(5) "A service delivery system which can provide all those services needed by a given client or community, constrained only by the state of the art and the availability of resources" (Services Integration in HEW: An Initial Report, by Sidney Gardner, February 26, 1971).

(6) Services integration aims "at developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within the existing commitments and resources. Its objectives must include such things as (a) the coordinated delivery of services for the greatest benefit to people; (b) a holistic approach to the individual and family unit; (c) the provision of a comprehensive range of services locally; and (d) the rational allocation of resources at the local level so as to be responsive to local needs." (HEW Secretarial Memorandum on Services Integration - Next Steps, June 1, 1971).

(7) "The linking together by various means of the services of two or more services providers to allow treatment of an individual's or family's needs in a more coordinated and comprehensive

manner." (Parkham, James, "Constraints in Implementing Services Integration Goals - The Georgia Experience" American Society for Public Administration, March, 1974, p. 15).

Obviously, the concept of services integration is very diversified, and the variety of meanings seems to be correlated with the level of government for which service integration is a goal.

In order to understand the rationale and implementation for the Chapel Hill Training-Outreach Service Integration Project (SIP), it is important to be aware of its operational definition as such. The intent of the SIP and the basis for its definition is to provide a coordination mechanism for the delivery of services by community agencies to North Carolina Head Start children who are handicapped. The SIP has used a format of agency collaboration for services needed by handicapped children, their families, and/or the agencies in a community which serves these children. The structural format of the SIP has allowed close coordination with the North Carolina Head Start Handicap Network in planning and implementing its service objectives.

Bibliographic Information

Service integration is an area which needs additional study to determine its greatest potential for effectiveness. Such study should be coupled with practical application of its theoretical premises. The test of the current technical report is designed to offer a practical guide for the implementation of service integration as well as a theoretical context. The following bibliography is a beginning reference for those who wish to explore supplementary perspectives on the concept of service integration.

BIBLIOGRAPHY

Abt Associates. Services Integration, Part III: An Overview. Abt Report No. AA1-71-82 under HEW Contract No. HEW-OS-72-16.

Adams, Stuart. Evaluative Research in Corrections: A Practical Guide. Washington D.C.: Law Enforcement Assistance Administration, National Institute of Law Enforcement and Criminal Justice, 1975.

Chadwin, Mark Lincoln. "The Nature of Legislative Program Evaluation", Evaluation. Vol. 2, 1975, pp. 45-49.

Citizens Conference of State Legislatures (now Legis 50). The Sometime Governments, 1971.

Council of State Governments. Human Services Integration; State Functions in Implementation Report. Lexington, Kentucky: prepared under grant from HEW.

Evaluation - A Forum For Human Service Decision-Makers. Minneapolis, Minn., Program Evaluation Resource Center, Vol. 3, Nos. 1-2, 1976.

Fleishman, William. Services Integration: The Evaluation of the Service Integration Project of the Human Resources Planning Coalition of Greater Duluth, Inc. June, 1973.

Gage, Robert W. "Integration of Human Services Delivery Systems," Public Welfare. Winter, 1976.

Gans, Sheldon, and Gerald Horton. Integration of Human Services: The State and Municipal Levels Projects. New York, 1975.

Gardner, Sidney. "An HEW Report on Services Integration." (Internal Department Memorandum).

Glaser, Daniel. Routinizing Evaluation: Getting Feedback on Effectiveness of Crime and Delinquency Programs. Rockville, Md.: National Institute of Mental Health, 1973.

Henton, Douglas. The Feasibility of Services Integration (unpublished paper). Graduate School of Public Policy, University of California at Berkeley.

Human Ecology Institute. Twenty-Two Allied Services (SITO) Projects Described as Human Services Systems. April, 1974.

Kiresuk, Thomas J. and Sherman, Robert E. "Goal Attainment Scaling: A General Method for Evaluating Comprehensive Community Mental Health Programs," Community Mental Health Journal. Vol. 4, 1968, 443-53.

Lipton, Douglas; Martinson, Robert; and Wolks, Judith. The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies. New York: Praeger Publishers, 1975.

Lucas, William, Karen Heald, and Macy Vogel. The 1975 Census of Local Services Integration. Working Note 9289; prepared for HEW by Rand Corporation.

Morales, Carlos, "Human Services Integration", American Society for Public Administration. Special Publication, March, 1974.

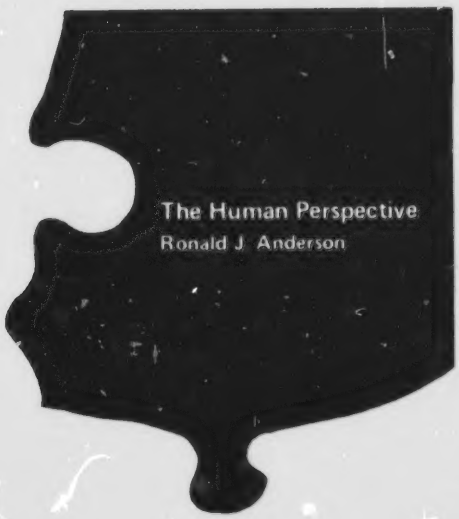
State of Arizona, Department of Economic Security. Evaluation of the Arizona Services Integration Project.

Studnicki, James. "Certification of Need Programs: Regulation in Search of the Evaluation Process," Evaluation. Vol. 2, No. 2, 1975, pp. 94-96.

University of Denver, Center for Social Research and Development. Devil's Lake Comprehensive Human Services Center; First Annual Report; also Second Annual Report.

Wilkins, Leslie T. Evaluation of Penal Measures. New York: Random House, 1969.

Wilson, James Q. "The Rise of the Bureaucratic State," The Public Interest. No. 41 (Fall, 1976), p. 92.


The Human Perspective
Ronald J. Anderson

"From a consumer perspective, service integration would tend to eliminate frustration and restore dignity to the consumer."

Ronald J. Anderson

THE HUMAN PERSPECTIVE OF SERVICE INTEGRATION

The birth of a child with a disability may mean the beginning of a great deal of frustration and despair for many parents of handicapped children. These anxieties may be characterized by such unknown factors as where to find help, where to find the medical, therapeutic, educational, counseling and financial assistance that is needed to provide the minimum development of the child. The despair that characterizes the birth of a disabled child is provoked by a number of naturally and humanly imposed obstacles.

The parent begins by accepting the handicapped child. Dealing with the feelings of guilt and resentment is displayed in different types of behavior. Some parents overprotect, some ignore, and some vigorously seek help. In the past and present many parents are frustrated by the myriad of "red tape", bureaucratic shuffling of paper, and arbitrary income guidelines which make it difficult to obtain the services needed to minimize the effect of the handicap on the child.

Stories from parents and consumers illustrate the frustrations of obtaining services. Perhaps the most common story is the parent who seeks support services, yet is unable to identify the agencies who can assist. Once an agency has been identified, agency representatives may use phrases like: "We don't have that service at our agency"; "You will have to talk to another agency"; or "We just don't have the funds to help this year". On the other hand, parents and consumers may be given such a "run around" that it hardly seems worth while to pursue further help.

Once an agency has been identified as helpful, a new twist in the service story is begun. Many parents and consumers report annual instances of bargaining. If the support services are needed for long periods of time, agencies tend to look at the cost effective product. That is to say, agency representatives begin by placing certain requirements on the client or, in some cases, they begin to limit their services. This maneuvering with agencies is not an uncommon practice. The annual negotiations can take place with several agencies depending upon the function of the agency and the specific need of the client.

The author recalls his early childhood and can relate personally to the frustrations of the parents of a disabled youngster. The annual bargaining, the "territoriality", the professional jealousies, and, finally, the superior posture of agency representatives are phenomena for early concern.

The author recalls the comments of his parents when requesting agency assistance. The most common complaint was that agency representatives acted as though the funds were coming out of their personal bank accounts. Additionally, agencies demonstrated no apparent remorse about denying a request for assistance. The author recalls his father's return from a school board meeting one evening when the school district's financial responsibility was in question. The school board had told the parent that they would no longer be able to pay the needed out-of-district tuition.

Needless to say, this caused a great deal of despair.

The author remembers his own feelings when requests were turned down or when his parents had to negotiate with agencies. Little understanding and little thought has been given to the perspective of the handicapped youngster who understands that his parents are meeting with frustration because there is something wrong with him. As a child, the author felt as though he was causing his parents undue hardship and frustration. The impact of that feeling is little known. Not only did the intercourse with agencies cause feelings of guilt, but it was a constant reminder that the author's handicap made him different from others.

As the years progressed and the author began to negotiate for services, a new perspective began to take shape. The negotiation with service agencies can be long and laborious. To make those negotiations simpler, it was in the mind of the author to acquiesce. A consumer should understand the nature of the agency and its representative. It was not long before sophistication was achieved in dealing with agency personnel.

The author's perspective is based on years of negotiations with agencies. It is clear that frequently one has to sacrifice human dignity to obtain services for the needs that cannot be met in any other way. Perhaps service integration can minimize some of the inferior feelings, guilt, and frustration that can result from interaction with service agencies.

During the Nixon Years federal and social programs were being "phased out". Former President Nixon wanted to shift social programs to the local level. In theory, this idea is sound. The shift of social programs to the local level should provide for more immediate services; local needs are known better by local agencies, and local agencies deal with a smaller catchment area. Why, then, has the federal government been asked to take on greater and greater responsibility for social programs? The author believes there are two basic answers to this question.

First, the need for funding has caused local and state governments to seek assistance from the federal government. The side effect of federal financing has been the excessive amount of bureaucratic paperwork in the name of accountability. In efforts to make state and local agencies accountable for federal funds, extensive time and money are spent on administrative costs and procedures.

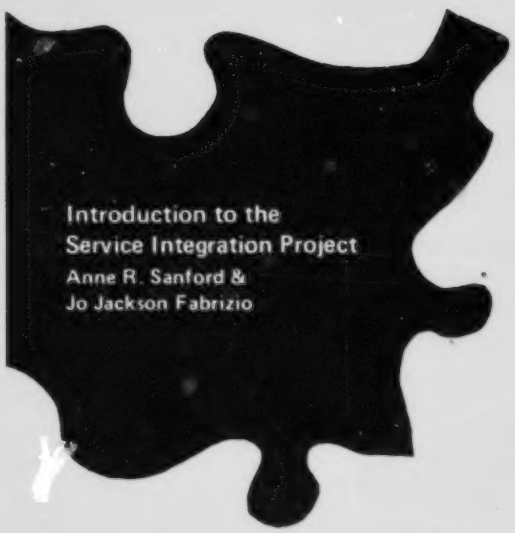
Secondly, because local agencies might not have been responsive to consumers, it has been necessary for consumers to request federal assistance. Additionally, consumers have asked the federal government to exert pressure on state and local agencies to insure that services are provided. Frequently this action has caused a "Catch 22" effect.

Service integration, it appears, would be a more effective and systematic approach to service delivery. Those who are now proposing service integration are beginning to find out what consumers have known for years. Service integrators are learning that there is a great deal of overlap, fragmentation, and breakdown in the service system.

"Integration at the local level might be difficult without parallel integration at superior levels of government." (Gage, "Integration of Human Services Delivery Systems", Public Welfare, Winter, 1976). The fragmentation, gaps, and overlap encountered in the service delivery system are due largely to categorical funding according to statutory descriptives. If one understands that the needs of a person who has a specific disability do not inevitably follow established categorical guidelines, then the rationale for service integration becomes much clearer.

The "Case Management" model or the "Single Port of Entry" model have merit in the integration of services. The District XI Developmental Disabilities Services Plan of Central Iowa employs a person who is present when the handicapped individual enters the system. In this plan the person assigned to a case is called a convener and is charged with monitoring the development with an individual plan for the client.

From a consumer perspective, service integration would tend to eliminate frustration and restore dignity to the consumer.



Introduction to the
Service Integration Project

Anne R. Sanford &
Jo Jackson Fabrizio

INTRODUCTION TO THE SERVICE INTEGRATION PROJECT

In recent years the federal government has sought to increase interagency coordination among human service delivery systems. A notable step in this direction was the joint memorandum issued by the Office of Child Development (OCD) and Developmental Disabilities (DD) in January, 1976. This joint announcement, signed by the Directors of the Offices of Child Development and Developmental Disabilities, urged OCD/DD collaboration in coordinating and expanding services to young handicapped Head Start children.

In support of the OCD/DD interagency thrust, the Region IV Office for Human Development surveyed potential resources which might develop and coordinate mechanisms for integrating service delivery to handicapped children in Head Start. The resources of two well-established programs were mobilized to develop a pilot Service Integration Project (SIP) in the state of North Carolina.

The Chapel Hill Training-Outreach Project

As an exemplary First Chance Project of the Bureau of Educat[illegible]or the Handicapped, the Chapel Hill Project has served as the coordinating agency for Region IV services to the handicapped in Head Start. Chapel Hill Project methods and materials constitute the basis of the OCD eight state regional network goals. (See Design of Regional Network.) In order to maximize efforts for OCD/DD collaboration, the unique resources and established network relationships of the Chapel Hill Project were mobilized for the Service Integration Project (SIP). Funding by the Office of Human Development to the Chapel Hill Project financed the implementation of the pilot Service Integration Project.

The Developmental Disabilities Technical Assistance System

The Developmental Disabilities Technical Assistance System (DD/TAS) located at the University of North Carolina in Chapel Hill, is funded by Developmental Disabilities (DD) to strengthen state DD councils. The extensive services of DD/TAS offered a unique resource for consultation to SIP in: evaluation procedures; DD legislation; planning; advocacy; public awareness; organizational influence; staff utilization; resource acquisition and utilization; legal rights; and sub-state area structures.

Collaboration between the Chapel Hill Outreach Project and DD/TAS financed a subcontract to access the resources of DD/TAS in developing the Service Integration Project.

The Region IV Network of Services to the Handicapped in Head Start

The state of North Carolina is divided into six geographic clusters of counties which receive services through the Head Start network. Since January of 1974 the Chapel Hill Training-Outreach Project has received funding from the Office of Child Development to design, coordinate and implement a system for training Head Start personnel in mainstreaming the handicapped child. A diagram which shows the structure of this system is located in the appendix of the current chapter. The funding for the massive activity of coordinating the Head Start Handicap Network extends itself throughout all of the eight states in the Region IV Office of Child Development distribution: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. The North Carolina geographic cluster divisions are based on the network design for handicap services in Head Start.

Each of the eight states in the Region IV Handicap Effort of Head Start has a unique system for coordination of direct services, training, and technical assistance. Within the state, this network is a three level system consisting of: (1) State Coordinator of Head Start Handicap Effort, (2) Specially Funded Coordinator of Head Start Handicap Effort, and (3) Local Coordinator of Head Start Handicap Effort.

In North Carolina, as in the other states of Region IV, the State Coordinator is located administratively in the State Training and Technical Assistance Office. This state-level role is multi-dimensional, but primarily has the responsibility for maintaining continuity of structure and arrangement in the organization of the statewide network of services to the handicapped in Head Start. It is essential that the State Coordinator works closely with the other levels of the Handicap Network if duplication is to be avoided.

Another level for coordination in the regional network is that of the Specially Funded Cluster Coordinator. This person is in the intermediate position of communication among the local Head Start programs and The State Coordinator of Handicap Services. The Specially Funded Coordinator assumes the responsibility of providing and procuring training and/or technical assistance in the Handicap Effort for the local Head Start programs of the cluster. The Specially Funded Coordinator implements the various needs assessments and other mechanical procedures necessary for local programs in complying with governmental guidelines for the Handicap Effort. The recruitment of training and technical assistance resources is a critical role for the Specially Funded Coordinator. This position is located administratively in a local Head Start program, which receives special supplemental funding for outreach services.

The third component of the Head Start network of services to the handicapped is the Local Handicap Coordinator. While this person is located in the local Head Start program, his/her responsibility is directly to the local program rather than a geographic clustering of Head Start programs. This position carries the responsibility of communicating regularly with the Specially Funded Coordinator regarding program needs and accomplishments. Additionally, the local Handicap Coordinator maintains regular contact with the Head Start program staff and community agencies in coordinating direct services, training and technical assistance in meeting handicap needs.

The SIP has distributed a Head Start directory which provides such information as names and telephone numbers of each Specially Funded and local program, counties served, directors, and Specially Funded Coordinators. Summer programs are not included. There exist thirty eight full year programs for North Carolina Head Start. The Service Integration Project (SIP) is funded to provide a coordination mechanism for North Carolina Head Start in acquisition of services to handicapped children. The SIP is administered through the Chapel Hill Training-Outreach Project and has made its services available to all one hundred counties of the state of North Carolina. An outline of the program goals and objectives is included in the appendix for this chapter. The SIP has engaged in approximately thirty meetings and conferences during its program year throughout the geographic distribution of North Carolina. The purpose of these meetings has been to assist the North Carolina Handicap Network in its efforts to coordinate services for Head Start handicapped children. (See SIP Calendar of Events in Chapter III appendix.)

North Carolina is a premium population in need of coordination among its service delivery systems. As is cited by Dr. C. Arden Miller of the University of North Carolina at Chapel Hill, twenty to twenty-five percent of all children in North Carolina are raised in poverty level households. This includes nearly half of all black children. Among other alarming notations by Dr. Miller is the statement that a child from a low income family is fifteen times as likely to be diagnosed as retarded as a child from a high income family.

A recent publication of the Atlas of Statistics on North Carolina reports that no appropriate program in North Carolina public schools serves:

84% of the multiply handicapped children
61% of the homebound
97% of those with hearing impairment
59% of those with speech disorders
67% of those with visual defects

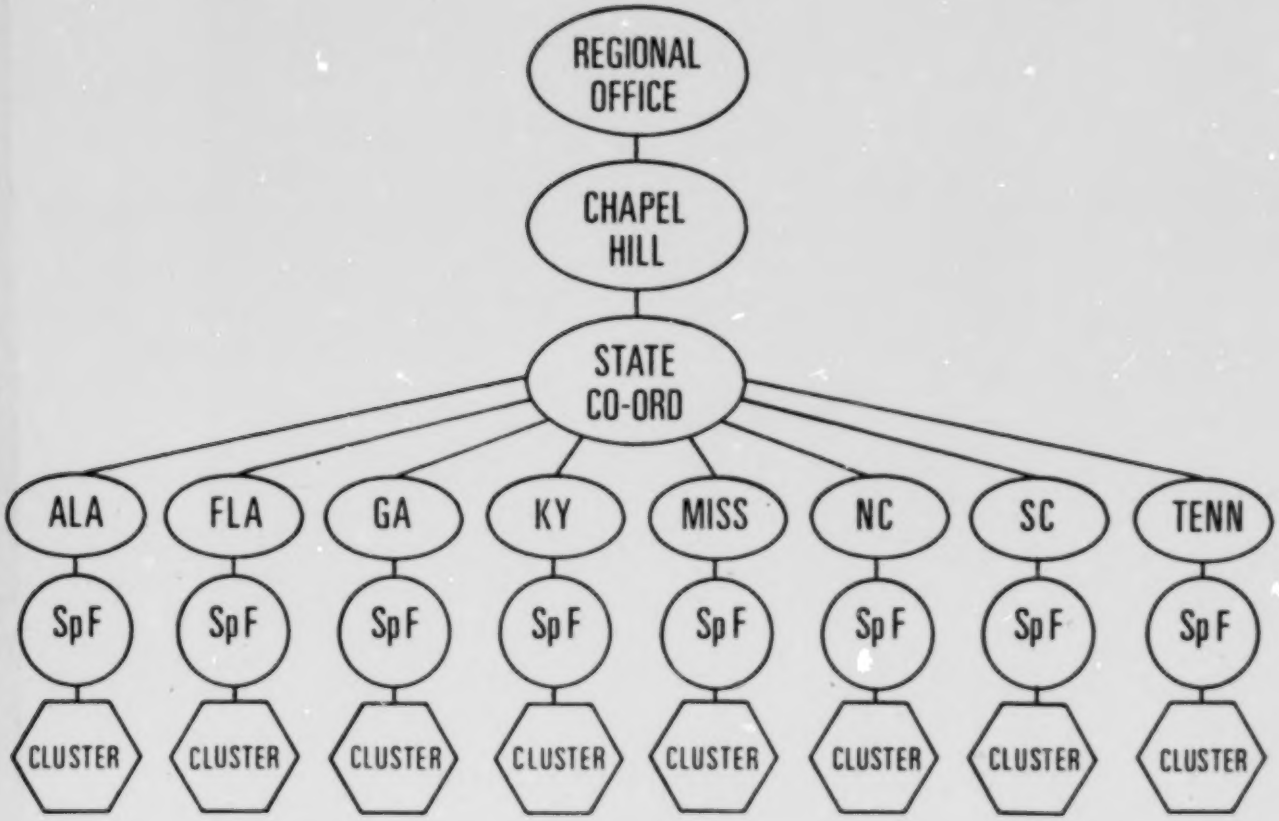
In order that such gross inadequacies can be modified and improved, it is essential that human service agencies increase the quality and frequency of their planning together for children and other consumers. Service integration can be a very necessary response to this need.

Other notable content of the Miller report warrants the attention and action of persons concerned about children and families. For example, Dr. Miller cites that disability due to accident or illness is fifty percent higher among poor children than among children who are raised at high income levels. While Title V and Title XIX programs both are designed to provide services to children, particularly high-risk children, few objectives have been met. Large numbers of children below poverty guidelines are not served by Medicaid because they do not receive public assistance. Simultaneously, the guidelines for public assistance are drastically below poverty guidelines. About forty percent of the North Carolina children who are screened through the Early Periodic Screening Diagnostic and Treatment Program are found to have a disability of some type. Yet, only about forty-nine percent of these children who are identified receive appropriate treatment. This information is of great

impact to Head Start in its comprehensive approach to child development. Service Integration is one avenue for acquiring collaborative services for these children through funding shared by Head Start and community service agencies.

APPENDIX

CHAPTER III



REGION IV NETWORK OF SERVICES TO HANDICAPPED CHILDREN IN HEAD START

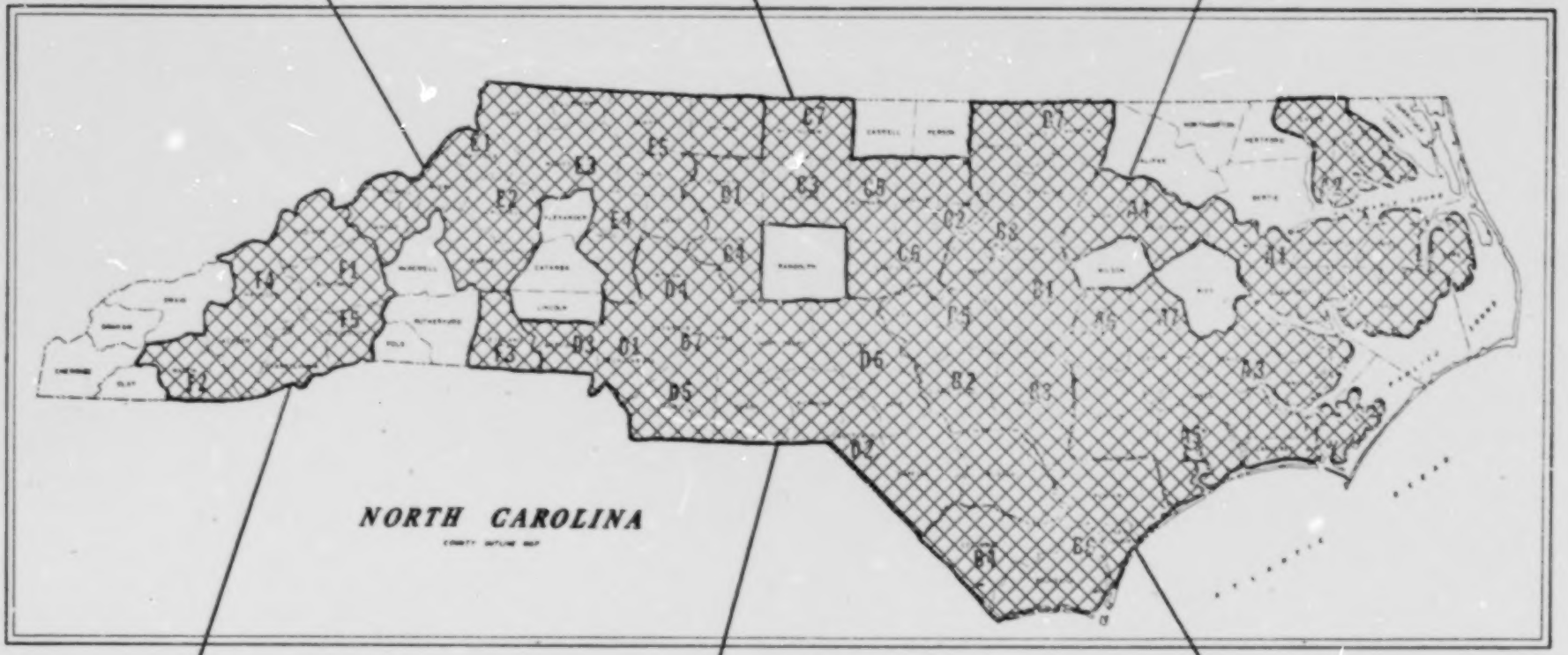
Handicap Effort Clusters

NORTH CAROLINA HEAD START

E. WAMY Head Start Cluster

C. Experiment in Self-Reliance Cluster

A. Martin County Head Start Cluster



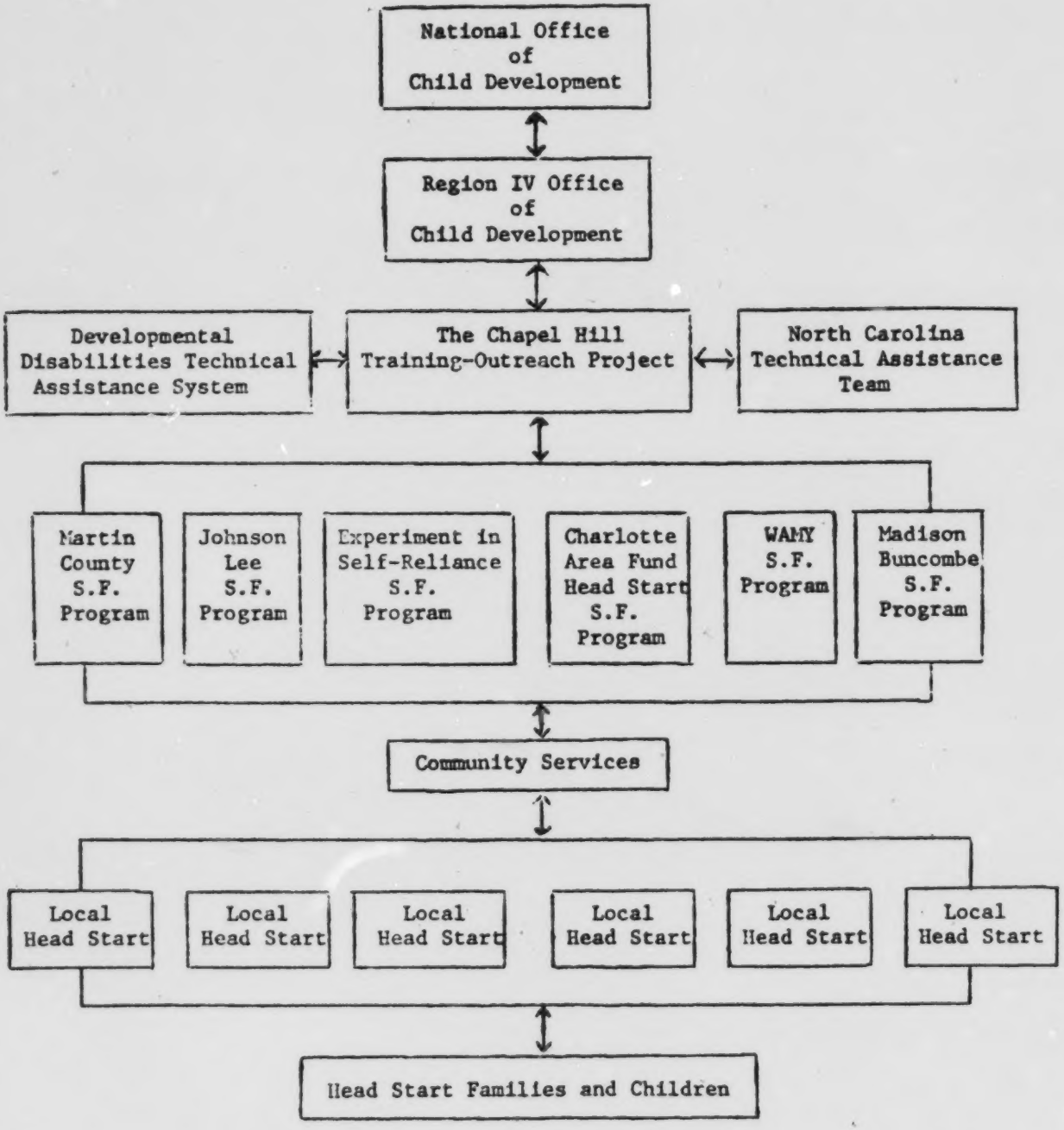
F. Madison-Buncombe Head Start Cluster

D. Charlotte Area Fund Head Start Cluster

B. Johnston-Lee Head Start Cluster

ORGANIZATION CHART

SERVICE INTEGRATION PROJECT


National Office of Child Development
Region IV Office of Child Development
Developmental Disabilities Technical Assistance System
The Chapel Hill Training-Outreach Project
North Carolina Technical Assistance Team
Martin County S.F. Program
Johnson Lee S.F. Program
Experiment in Self-Reliance S.F. Program
Charlotte Area Fund Head Start S.F. Program
WAMY S.F. Program
Madison Buncombe S.F. Program
Community Services
Local Head Start
Local Head Start
Local Head Start
Local Head Start
Local Head Start
Local Head Start
Head Start Families and Children

SERVICE INTEGRATION PROJECT
REVISED OBJECTIVES AND OPERATING PLAN
FISCAL YEAR 1976 - 77

I. To coordinate an information system in the Handicap Effort of North Carolina Head Start

   A. The SIP will identify the North Carolina Head Start grantee needs for direct services to exceptional children in education, health, parent involvement and administration.

   B. The SIP will utilize a statewide information system to track the response of North Carolina service agencies to Head Start requests.

   C. The SIP will track North Carolina requests for direct service to handicapped children.

   D. The SIP will coordinate Head Start needs with the Resource Access Project and the State Training Office for North Carolina.

II. To coordinate one collaborative conference in each specially funded handicap cluster in North Carolina.

   A. The SIP will contact each Specially Funded Coordinator to arrange a planning day for the cluster Head Start programs and service agencies.

   B. The SIP will complete logistics and invitations for cluster conferences.

   C. The SIP will provide orientation to the North Carolina Specially Funded Coordinators on their role in the SIP

   D. The SIP will hold a two day conference for each cluster in the North Carolina Handicap Effort.

   E. The SIP will provide conference proceedings for each SIP conference.

   F. The SIP will follow the collaborative agreements which are reached among Head Start and the service agencies.

III. To establish a support system at the state and cluster levels

   A. The SIP will recruit a chairperson to preside at State Advisory Task Force meetings and to elicit cooperation of other state agencies.

   B. The SIP will coordinate with the North Carolina State Training Office and the Resource Access Project for North Carolina.

   C. The SIP will invite specific state associated representatives to participate as State Advisory Task Force members.

   D. The SIP will hold three meetings of the State Advisory Task Force.

   E. The SIP will request the State Advisory Task Force to designate cluster service agency personnel to respond to Head Start needs.

   F. The SIP will report to the State Advisory Task Force on the progress and problems of the SIP.

   G. The SIP will develop media to assist in the understanding of the SIP.

IV. To coordinate SIP efforts with Region IV Office of Human Development personnel

A. SIP will send conference proceedings to Region IV Developmental Disabilities Director, Region IV OHD Deputy Assistant Regional Director and to Region IV OCD Handicap Specialist.

B. Region IV OHD personnel will be asked to attend SIP conferences.

C. Region IV OHD personnel will be invited to attend SIP Advisory Task Force meetings.

V. To coordinate information and services with the North Carolina Resource Access Project and State Training Office

A. The SIP will establish a cross-referenced filing system to be shared by the RAP on all information received from North Carolina Head Start.

B. The SIP will communicate with the North Carolina State Training Office on Head Start information.

C. The SIP will share dates which affect Head Start with RAP and NCSTO.

D. The SIP Administrative Secretary will be responsible for the filing system of the information system.

VI. To monitor the progress and evaluate the outcome of the SIP

A. SIP will develop a record-keeping system to track progress on all milestone events.

B. SIP will state outcomes for each objective in measurable terms.

C. SIP will define baselines for each outcome.

D. SIP will identify sources of baseline data for each outcome.

E. SIP will collect baseline data for each outcome.

F. SIP will define sources of impact data for each outcome.

G. SIP will design measures of impact for each outcome.

H. SIP will measure the impact of each objective upon completion.

I. SIP will prepare a report of both process (milestone events record) and product (outcome measures) evaluations.

SERVICE INTEGRATION PROJECT

CALENDAR OF EVENTS

June 1976 - May 1977

Date	Activity	Location	Comments
July 20, 1976	SIP Planning Day with STO and SFCs and Head Start Directors of Specially Funded programs	Holiday Inn, Asheville, NC	Established follow-up day for SFC and STO reactions to SIP. Explained SIP Program Plan
July 13-14	RAP meeting with national OCD and Region IV OCD	Atlanta, Georgia	Presented Needs Assessment System
August 5	SIP Planning Day with SFCs	Chapel Hill, NC	Presented Needs Assessment and decided on implementation process
October 6	SIP Advisory Task Force meeting	The Hilton Inn, Raleigh, NC	Established Task Force
October 8	Martin County Planning Day for SIP	The Holiday Inn, Greenville, NC	Scheduled Conference on Young Children With Handicaps
November 10	WAMY Cluster Planning Day for SIP	Appalachian State Univ., Boone, NC	Scheduled Conference on Young Children With Handicaps
December 7	Experiment in Self-Reliance Planning Day for SIP	Shiloh Presbyterian Church, Burlington, NC	Scheduled Conference on Young Children With Handicaps
December 14-15	Martin County-SIP Cluster Conference on Young Children With Handicaps	The Holiday Inn and East Carolina Univ. Willis Bldg, Greenville, NC	See Evaluation Report, 123 representatives, 5 task forces scheduled

SIP CALENDAR OF EVENTS (cont.)

Date	Activity	Location	Comments
January 6, 1977	Madison-Buncombe Cluster Planning Day for SIP	Opportunity Corporation of Madison-Buncombe Counties, Asheville, NC	Scheduled Two Follow-Up Meetings for Cluster and Local Task Forces
January 11	Charlotte Area Cluster Planning Day for SIP	Charlotte Area Head Start program, Charlotte, NC	Scheduled Two Task Force Planning Days for Local Programs
January 14	Johnston-Lee Cluster Planning Day for SIP	Johnston-Lee Community Action Head Start program, Smithfield, NC	Scheduled Conference on Young Children With Handicaps
January 19	SIP Advisory Task Force Meeting	Chapel Hill, NC	
February 4	Follow-Up Planning for Johnston-Lee Conference	Smithfield, NC	Finalized plans for collaborative conference
February 17-18	WAMY-SIP Conference on Young Children with Handicaps	Appalachian State Univ., Center for Continuing Education, Boone, NC	
February 23	Follow-Up Planning Day for Charlotte Cluster	Charlotte, NC	Established Goals for Task Force
February 24	Follow-Up Planning Day for Experiment in Self-Reliance Cluster	Chapel Hill, NC	Completed details of E.S.R. Collaborative Conference
March 1-2	Experiment in Self-Reliance SIP Conference on Young Children With Handicaps	The Hilton Inn, Burlington, NC	

SIP CALENDAR OF EVENTS (cont.)

Date	Activity	Location	Comments
March 23, 1977	Madison-Buncombe Task Force on Young Children With Handicaps	Asheville, NC	Outlined Plans for Health Services Fair
April 5	Gaston County Task Force on Young Children With Handicaps	Gastonia, NC	
April 27-28	Johnston-Lee SIP Conference on Young Children With Handicaps	Fayetteville, NC	
May 12	SIP Advisory Task Force Meeting	Raleigh, NC	
May 18-20	National Head Start Assoc. Meeting	El Paso, Texas	Exhibited SIP

The Service
Integration Program Plan
Jo Jackson Fabrizio

THE SERVICE INTEGRATION PROGRAM PLAN

Planning

The Service Integration Project (SIP) of the Chapel Hill Training-Outreach Project has operated under a strong philosophy of individualization. Each of the six geographic target clusters for the SIP was viewed as a part of the Handicap Services Network which may or may not have service coordination needs that differed strongly from its neighboring cluster. To assist in defining the service coordination needs among the Head Start programs, the SIP developed a draft form of a needs assessment based upon the performance standards of each Head Start program component. The needs assessment was developed and implemented in conjunction with the Resource Access Project of the Chapel Hill Training-Outreach Project.

A complete copy of the initial needs assessment system can be seen in the appendix to the current chapter. One of the most significant aspects of the needs assessment system is that it provided a stimulus for Head Start programs to look at their individual case needs as well as their programmatic needs for resource exchange within the community. For assistance in the understanding of the objectives of the needs assessment system, the following chart is offered.

Process For Resource Exchange

Component	Objective
Needs Assessment	To identify training, technical assistance, and direct service needs of Head Start for the Handicap Effort in Parent Involvement, Education, Social Services, Health and Administration.
Service Agency Profile	To provide an interview tool for Head Start programs to use in gathering information regarding available resources in their community.
Request for Services	Record keeping system for Head Start to use in requesting services from the Resource Access Project.
Head Start Follow-Up of Service Interaction	To follow up services provided by another resource agency.
Provider Agency Follow-Up of Head Start Interaction	To provide feedback on the interaction of service agencies with Head Start.

The area of the needs assessment system to which the SIP has been responsive is that of service coordination. Therefore, the model of SIP response to North Carolina was one of planning cluster stimulation and implementation of collaborative techniques with Head Start and community

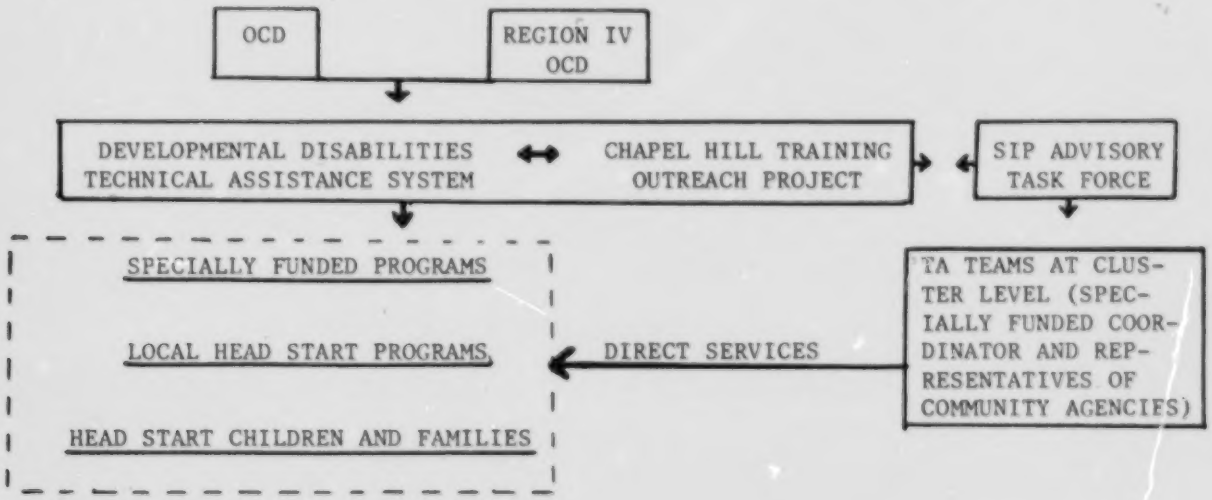
agency target groups. (A more detailed study of these techniques can be seen in Chapter V, Implementation of Service Integration.)

Structural Design

The Service Integration Project has been a concentrated effort to stimulate the interaction of North Carolina Head Start programs and their immediate community agencies. The anticipated outcome for this concentration has been one of increased awareness and use of available resources for services to preschool children who are handicapped.

North Carolina is categorized as a State Comprehensive Human Resources Agencies (CHRA) system. This system of services integration was organized in 1969, thus developing an administrative service umbrella for local agencies. These agencies included those of Public Assistance and Social Services, Health, Mental Health, Mental Retardation and Vocational Rehabilitation. (Heintz, Kathleen G. "State Organizations for Human Services", Evaluation, Volume 3, Nos. 1-2, 1976, p. 106.) The majority of local service agencies in North Carolina are related to a state level organizational structure. Head Start is a federally funded agency with no state administrative structure for policy making. However, the North Carolina Head Start programs do have a very active State Training and Technical Assistance Office. Within the structure of this office is a State Handicap Coordinator for Head Start who has been an integral part of the SIP design.

To facilitate the communication of the SIP role to state and local personnel, the following design of interactional structure was developed for dissemination:


OCD
REGION IV OCD
DEVELOPMENTAL DISABILITIES TECHNICAL ASSISTANCE SYSTEM
CHAPEL HILL TRAINING OUTREACH PROJECT
SIP ADVISORY TASK FORCE
SPECIALLY FUNDED PROGRAMS
LOCAL HEAD START PROGRAMS
HEAD START CHILDREN AND FAMILIES
DIRECT SERVICES
TA TEAMS AT CLUSTER LEVEL (SPECIALLY FUNDED COORDINATOR AND REPRESENTATIVES OF COMMUNITY AGENCIES)

The SIP staff has consisted of one full time coordinator, one full time administrative secretary, and one part time evaluation coordinator. The SIP drew upon the extensive resources of many North Carolina agencies, the Chapel Hill Training-Outreach Project, Developmental Disabilities Technical Assistance System, local and Specially Funded Head Start and the

State Training and Technical Assistance Office for Head Start. The SIP acted as a convener and planner with the Specially Funded Head Start network for each of the six geographic clusters in North Carolina. A major collaborative event was sponsored in each cluster. As the SIP provided the stimulus, the cluster coordinator was able to continue this interaction based upon mutual planning with the community. This plan also fostered close interaction of the LINC State Training and Technical Assistance Office to facilitate coordination of handicap services throughout the state.

Planning Conferences

While the needs assessment system was helpful in identifying the needs of Head Start, the SIP needed to look, also, at the needs of community agencies other than Head Start. Therefore, the SIP held a special "planning conference" in each of the six Head Start clusters. Each planning conference was coordinated very closely with the respective Specially Funded Handicap Coordinator. An outline is included in the appendix of this chapter which describes the general design of a planning conference.

The various types of materials which have been used at planning conferences are included in the appendix of this chapter. A major value of the planning conference is that it creates a mutual task for the representatives of Head Start and other community agencies such as the diagnostic centers, mental health and other special service agencies. Also, Head Start is recognized as a resource to the community and the community is involved in more direct planning for service delivery to children and families in Head Start.

In the Service Integration Project for North Carolina, two major techniques of stimulation to service integration resulted. For four of the six clusters, the most desirable technique was that of a multi-county collaborative conference. These four clusters were: Martin County Community Action Head Start; Johnston-Lee Community Action Head Start; Experiment in Self Reliance Head Start; and WAMY Community Action Head Start.

Each of these four programs is located in a separate geographic area, being distinct as a coastal, central piedmont or mountainous area of North Carolina. (See the North Carolina Head Start Map in Chapter III, Introduction to Service Integration.) However, each cluster is widespread and the planning day participants were expressive of a need for increased resource awareness on the part of their colleagues. Additionally, a sparcity of mutual planning was indicated in each of these four clusters. In many circumstances, a low frequency existed among the agencies in such activities as sharing information, funding and resource provision to handicapped children. A distinct expression was that agencies would attend more readily a conference on topics which focus on pertinent issues such as Public Law 94-142 (Services to All Handicapped) and models of collaboration. Another helpful attribute was the use of state and community speakers who are well-known in the field of children's services. A key factor in making the conference time productive was the design of a small group planning process for service integration which would lend itself to action beyond the dates of the conference. (An agenda for each conference is inclu-

ded in the appendix of Chapter V.) The collaborative conferences as a mechanism for the stimulation of service integration were the most frequently used technique.

The second stimulus technique for service integration which evolved through the planning conferences was the establishment of localized task forces in the two clusters which had no multi-county collaborative conferences. Two clusters chose to develop a task force comprised of representatives of their planning conference and other desirable representatives. This task force would plan for specific activities in the interest of preschool children who are handicapped. The two clusters which chose the task force as their means of mutual planning are Madison-Buncombe Head Start and Charlotte Area Fund Head Start. These two clusters both have major North Carolina cities as well as rural areas. Awareness of each other was not such a problem. Instead, commitment to a mutual task of collaboration as well as a lack of exposure to consumers was a problem. Therefore, each cluster selected a working membership and began meeting regularly to plan for future activities to inform the community of available services to young handicapped children. Some of the activities have included a community services health fair, the compilation of available directories of resources, publicity campaign on services to handicapped children, and community assessment to locate children in need of services.

The Madison-Buncombe Task Force has conducted a multi-agency Health Fair on Handicap Services which has involved sixty four agencies. Also, in the Madison-Buncombe cluster, Mountain Project Head Start has sponsored a health fair for community members to learn about handicap services in Head Start and its community agencies. The Charlotte Area Head Start Task Force on Children with Special Needs is in a collaborative effort to accomplish the goals and objectives as delineated in the following outline.

Collaborative Planning Form

General Goal

There is an expressed need for more structured collaboration in order to serve young children with handicaps. The general goal of this planning day is to determine the most productive method for structuring collaboration in the surrounding community. Several alternatives exist for collaboration. These may include developing a task force which will meet regularly or establishing a jointly planned conference.

Direct Objectives

1. What type of collaborative meeting structure should be pursued?

   X Task Force ____ Other (please comment)

   ____ Collaborative Conference

2. Date February 17, 1977

3. Location Johnson C. Smith University with Nancy Golson and Bryan

Robinson as temporary co-chairmen (faculty members in Early Childhood Education

4. Major Focus of Task Force To bring together representatives of groups interested in preschool children, handicapped preschool children and their families in order to assess the needs and services in the county

5. Basic Objectives of Meeting:

1. To determine exact population and location of handicapped preschool children in Mecklenberg County
2. To identify kinds of handicaps
3. To assess services available to handicapped preschool children
4. To assess needs of handicapped preschool children in Mecklenberg Co.
5. To document and publish this collection of information
6. To plan collaborative ways to meet needs not being met
7. To organize the group with a permanent chairperson and with working committees
8. To share information with State Task Force and with legislature

While the designated target for SIP services has been North Carolina Head Start, the resulting interaction has affected a wide distribution of other community agencies which serve handicapped children directly and indirectly. For examples of the agency involvement in various planning meetings and collaborative conferences with Head Start, please review the following breakdown of conference participation.

Service Integration Project
Conference Participation (N = 4 conferences)

Target Group	# Invited	# Attended	% of Invitees Attending
Head Start	141	110	78
Public Schools	154	35	23
Social Services	72	18	25
DECs	23	19	83
Mental Health	85	31	36
Office for Children	20	12	60
Public Health	71	05	07
Higher Education	42	08	19
Consumers	133	09	06

cont.

Target Group	# Invited	# Attended	% of Invitees Attending
Miscellaneous	543	52	10
Students, Visitors		40	
TOTAL	1277	344	27

The most outstanding participation in the Service Integration Project conferences was among Developmental Evaluation Centers, Head Start, the Office for Children, and Mental Health. Both the gaps and positive responses in participation at collaborative conferences were communicated to the State Advisory Task Force. A significant contrast is obvious in the fact, also, that public schools had the second highest frequency of invitees, but the sixth highest response to conference participation. Consumer participation was low, also.

Specific to Head Start needs for service integration, the following chart demonstrates the fact that handicapped children comprise a significant number of preschoolers in North Carolina.

Diagnostic Data
North Carolina Head Start: Handicapped Population

Area of Primary Handicapping Condition	Number of Professionally Diagnosed Children (1977)	(1976)
Blindness	6	6
Visual Impairment	44	24
Deafness	6	4
Hearing Impairment	75	72
Physical Handicap	93	93
Speech Impairment	829	699
Health (Or Developmental) Impairment	119	82
Mental Retardation	94	80
Serious Emotional Disturbance	34	35
Specific Learning Disabilities	19	36
TOTAL	1319	1131

To provide prescriptive programming and support services for these Head Start children, an integrated approach must be used. Community agencies and Head Start programs who are funded to serve these children were convened and given a planning design for service integration. The interconnections of the State Handicap Coordinator, Specially Funded Coordinator and Local Coordinator of Handicap Services is of primary importance in the follow-up and coordination of Head Start with community agencies and interested consumers.

The guidelines prepared by the Region IV Office of Child Development specify that all Specially Funded agencies have a commitment to share training, media, consultation, and technical assistance in a planned and

systematic manner with all cluster programs assigned to them. Since all cluster programs must have a designated local handicap coordinator, it is the responsibility of the Specially Funded Coordinator to initiate and maintain consistent communication with each local coordinator in the respective cluster. Such group sharing can provide clarification of individual local program's needs and problems as well as provide a cluster profile of training and technical assistance needs and activities.

The Specially Funded Program should participate in conducting a needs assessment of each local Head Start program in its cluster. Once the needs for training and technical assistance have been identified, it is the responsibility of local and Specially Funded Handicap Coordinators to locate resources which can respond to these needs. The SIP was able to facilitate the development of a needs assessment tool for use in the Head Start programs as well as offer a response to the designated needs in each of the six Head Start clusters.

Another stipulation of the funding guidelines for Specially Funded programs is that each of these programs is required to work in close cooperation with the Regional Training and Technical Assistance Network. As the SIP was funded through the Chapel Hill Training-Outreach Project, the coordination and prevention of duplication in service delivery was essential. The Specially Funded and State Coordinators of Head Start Services to Handicapped maintained a consistent role in the SIP conferences throughout its funding period. Without this close cooperation, SIP implementation would have been less fruitful for its service recipients.

APPENDIX

CHAPTER IV

Needs Assessment Instruction Sheet
Resource Access Project - Service Integration Project

The Chapel Hill Training-Outreach Project

Purpose

The following needs assessment should assist Head Start grantees in identifying their needs for serving exceptional children and families. The Needs Assessment is designed to identify the needs of the Head Start program in the specific areas of training, technical assistance and direct services.However, there is also flexibility in the Needs Assessment which allows the Head Start grantee to state general needs for assistance in the overall implementation of the Handicap Effort.

The information from the Needs Assessment will be used to provide individualized responses to Head Start in the Handicap Effort. These responses will be made through accessing available resources. The Resource Access Project will facilitate response to training and technical assistance needs, and in North Carolina the Service Integration Project will facilitate response to requests for direct services.

How to Use the Needs Assessment

The Head Start programs of Region IV OCD should complete the Needs Assessment in TRIPLICATE. The Specially Funded Handicap Coordinators will assist the Head Start programs of Region IV in their completion of the Needs Assessment. Three copies of the Needs Assessment are supplied for each local Head Start program. The local Head Start program should use a carbon sheet to make triplicate copies.

The local program should keep one copy of the Needs Assessment, it should give one copy to the Specially Funded Coordinator, and the original copy should go to the Resource Access Project (Chapel Hill Training-Outreach Project, Lincoln Center, Merritt Mill Rd., Chapel Hill, NC 27514.)

Head Start Information Sheet

1. Name of Head Start Program _____

2. Address _____

_____

3. Telephone _____ _____

4. Number of Classrooms _____

5. Number of: Teachers ____ Assistant Director ____ Other ____
   Teachers Assistants ____ Handicap Coordinator ____
   Family Workers ____ Health Coordinator ____
   Health Assistants ____ Education Coordinator ____
   Director ____ SS/PI Coordinator ____

6. Number of Funded Enrollment _____ 7. Name of Director _____

HH 2

EDUCATION

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

I. Education	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
	1	2	3	4	5								
1. Is equipment needed in classrooms for children who require special products?	1	2	3	4	5								
2. Is assistance needed in selection of appropriate equipment for exceptional children?	1	2	3	4	5								
3. Are teaching materials needed in the classroom for children with exceptionalities in:	1	2	3	4	5								
a. vision	1	2	3	4	5								
b. visual motor	1	2	3	4	5								
c. hearing	1	2	3	4	5								
d. speech	1	2	3	4	5								
e. language	1	2	3	4	5								
f. physical development	1	2	3	4	5								
g. social/emotional development	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

I. Education	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
4. Is assistance needed for your Head Start program in the development of activities for exceptional children?	1	2	3	4	5								
5. Is assistance needed in planning for the individual education of exceptional children in the regular Head Start program?	1	2	3	4	5								
a. hearing impaired	1	2	3	4	5								
b. deaf	1	2	3	4	5								
c. visually impaired	1	2	3	4	5								
d. blind	1	2	3	4	5								
e. physically handicapped	1	2	3	4	5								
f. speech impaired	1	2	3	4	5								
g. mentally retarded	1	2	3	4	5								
h. other health or developmentally impaired	1	2	3	4	5								
i. seriously emotionally disturbed	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

I. Education	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
6. Is assistance needed in planning classroom educational assessment of children to identify special needs?	1	2	3	4	5								
7. Is assistance needed in selecting prescriptive classroom assessment tools to identify special needs?	1	2	3	4	5								
8. Is assistance needed in planning activities for parents of exceptional children to follow at home in working with their child?	1	2	3	4	5								

I. Education (continued)

Place An X On Appropriate Line Below

9. Please indicate the projected schedule for screening children in your program:	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
a. vision	___	___	___	___	___	___	___	___	___	___	___	___
b. visual motor	___	___	___	___	___	___	___	___	___	___	___	___
c. hearing	___	___	___	___	___	___	___	___	___	___	___	___
d. speech	___	___	___	___	___	___	___	___	___	___	___	___
e. language	___	___	___	___	___	___	___	___	___	___	___	___
f. social/emotional development	___	___	___	___	___	___	___	___	___	___	___	___
g. other (please specify)	___	___	___	___	___	___	___	___	___	___	___	___
_____	___	___	___	___	___	___	___	___	___	___	___	___
_____	___	___	___	___	___	___	___	___	___	___	___	___

10. How often is classroom assessment made for Head Start children?	Weekly	Monthly	Bi-Monthly	Quarterly	Annually	Bi-Annually	Tri-Annually
	___	___	___	___	___	___	___

Other (please specify) _____

11. What assessment instruments are being used in your Head Start classrooms?

List

1. _____
2. _____
3. _____

I. Education Supplement

Please review the needs which you are expressing in the Education Component and indicate your top five needs in the section below. Rank so that #1 equals top priority and #5 equals fifth priority.

PRIORITY #	ITEM #	COMMENTS
1.		
2.		
3.		
4.		
5.		

OTHER COMMENTS:

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

II. Health	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
1. Is assistance needed in locating Health Advisory Board members who have special skills in the area of exceptional children?	1	2	3	4	5								
2. Is assistance needed in establishing collaborative interaction with community agencies who can provide services for exceptional children?	1	2	3	4	5								
3. Is assistance needed in planning a record keeping system for Developmental Data on Head Start children with special needs?	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

II. Health	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring [illegible] of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
4. Is assistance needed in planning for the utilization of funding to acquire services for exceptional children in your Head Start program? (indicate area)	1	2	3	4	5								
a. screening	1	2	3	4	5								
b. diagnosis	1	2	3	4	5								
c. treatment	1	2	3	4	5								
d. transportation	1	2	3	4	5								
e. training	1	2	3	4	5								
5. Is assistance needed in providing consultation to families of exceptional children?	1	2	3	4	5								
6. Is assistance needed in planning special diets for children?	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

II. Health	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
7. Is assistance needed in preparing your Head Start program to teach children such self-help skills as:	1	2	3	4	5								
a. toileting	1	2	3	4	5								
b. dressing	1	2	3	4	5								
c. feeding	1	2	3	4	5								
8. Is assistance needed in developing a diagnostic information recording form to use with diagnosticians and Head Start programs which protect confidential information?	1	2	3	4	5								
9. Is assistance needed in locating dentists who will provide services to children with handicaps such as epilepsy or cerebral palsy?	1	2	3	4	5								
10. Is assistance needed in preparing the staff, parents or child to maintain	1	2	3	4	5								

II. Health

Please review the needs which you are expressing in the Health Component and indicate your top five needs in the section below. Rank so that #1 equals top priority and #5 equals fifth priority.

PRIORITY #	ITEM #	COMMENTS
1.		
2.		
3.		
4.		
5.		

OTHER COMMENTS:

PARENT INVOLVEMENT

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

III. Parent Involvement	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
1. Is assistance needed in planning participation in the Head Start program for parents of exceptional children?	1	2	3	4	5								
2. Is assistance needed in providing training to enable parents of exceptional children to work with their child?	1	2	3	4	5								
3. Is assistance needed in providing home-based educational activities for parents to improve the skills of their exceptional child?	1	2	3	4	5								
4. Is assistance needed in providing health education for parents of exceptional children?	1	2	3	4	5								

PARENT INVOLVEMENT

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

III. Parent Involvement	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA, or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
1. Is assistance needed in planning participation in the Head Start program for parents of exceptional children?	1	2	3	4	5								
2. Is assistance needed in providing training to enable parents of exceptional children to work with their child?	1	2	3	4	5								
3. Is assistance needed in providing home-based educational activities for parents to improve the skills of their exceptional child?	1	2	3	4	5								
4. Is assistance needed in providing health education for parents of exceptional children?	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

III. Parent Involvement	Please indicate the level of need by circling the number.					Desire help in defining a need, place an X	If T, TA or DS is desired place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, please indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
9. Is assistance needed in educating parents to acquire or deny services for exceptional children?	1	2	3	4	5								
10. Is assistance needed in planning with parents to work effectively with siblings of Head Start exceptional children?	1	2	3	4	5								
11. Is assistance needed to help prepare teachers for parents to participate in their classrooms?	1	2	3	4	5								

III. Parent Involvement

Please review the needs which you are expressing in the Parent Involvement Component and indicate your top five needs in the section below. Rank so that #1 equals top priority and #5 equals fifth priority.

PRIORITY #	ITEM #	COMMENTS
1.		
2.		
3.		
4.		
5.		

OTHER COMMENTS:

SOCIAL SERVICES

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

IV. Social Services	Please indicate the level of need by circling the number					Desire help in defining a need, place an X	If T, TA or DS is needed, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
1. Is assistance needed in recruitment of exceptional children?	1	2	3	4	5								
a. planning recruitment procedures	1	2	3	4	5								
b. conducting public awareness campaigns?	1	2	3	4	5								
c. obtaining referral from other agencies?	1	2	3	4	5								
2. Is assistance needed in providing emergency or crisis intervention services for exceptional children and/or their families?	1	2	3	4	5								
3. Is assistance needed in providing follow-up to assure delivery of needed services to exceptional children and/or their families?	1	2	3	4	5								

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INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below

IV. Social Services	Please indicate the level of need by circling the number					Desire help in defining a need, place an X	If T, TA or DS is needed, place an X in appropriate columns			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
4. Is assistance needed in establishing a role of advocacy for Head Start families of exceptional children?	1	2	3	4	5								
5. Is assistance needed to help Head Start parent groups work with other groups who are concerned with exceptional children?	1	2	3	4	5								
6. Is assistance needed to communicate the needs of Head Start families of exceptional children to other community agencies?	1	2	3	4	5								
7. Is assistance needed in reporting inadequacies of existing community services for exceptional children and their families?	1	2	3	4	5								
8. Is assistance needed in maintaining records of needs in families of exceptional children?	1	2	3	4	5								

IV. SOCIAL SERVICES

Please review the needs which you are expressing in the Social Services Component and indicate your top five needs in the section.below. Rank so that #1 equals top priority and #5 equals fifth priority.

PRIORITY #	ITEM #	COMMENTS
1.		
2.		
3.		
4.		
5.		

OTHER COMMENTS:

ADMINISTRATION

INSTRUCTION: please indicate your need for assistance in the appropriate spaces below.

V. Administration	Please indicate the level of need by circling the number					Desire help in defining a need, place an X	If T, TA or DS is needed, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
1. Is assistance needed in developing a communication system for the purpose of better service for exceptional children through:													
a. information exchange with community agencies?	1	2	3	4	5								
b. information exchange among Head Start staff members regarding responsibilities for specific children?	1	2	3	4	5								
c. information exchange with Policy Council and/or other governing boards of Head Start?	1	2	3	4	5								
d. information exchange with parents of exceptional children?	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

V. Administration	Please indicate the level of need by circling the number					Desire help in defining a need, place an X	If T, TA or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
2. Is assistance needed in the explanation of the various roles of Head Start staff in the Handicap Effort in Head Start?	1	2	3	4	5								
a. Staff Development Coordinator	1	2	3	4	5								
b. Director	1	2	3	4	5								
c. SS/PI Coordinator	1	2	3	4	5								
d. SS/PI Staff	1	2	3	4	5								
e. Nutrition Staff	1	2	3	4	5								
f. HC Coordinators	1	2	3	4	5								
g. Health Coordinator	1	2	3	4	5								
h. Health Staff	1	2	3	4	5								
i. Education Coordinator	1	2	3	4	5								
j. Teachers	1	2	3	4	5								
k. Teacher Assistants	1	2	3	4	5								
3. Is assistance needed in planning a directory of local community services for families with exceptional children?	1	2	3	4	5								

INSTRUCTION: Please indicate your need for assistance in the appropriate spaces below.

V. Administration	Please indicate the level of need by circling the number					Desire help in defining a need, place an X	If T, TA or DS is desired, place an X in appropriate column/s			If you have other or more specific needs that are related to this item, please specify below.	If you have identified an agency to provide this service, but need help acquiring delivery of this service, indicate the following.		
Item	No Need				Great Need		T	TA	DS		Agency Name	Service Desired	Assistance Needed
4. Is assistance needed in designing a Parent Program for families of exceptional children?	1	2	3	4	5								
5. Is assistance needed in the assessment of your program needs in serving exceptional children?	1	2	3	4	5								
6. Is assistance needed in planning the sharing of information on Head Start exceptional children with public schools or other agencies?	1	2	3	4	5								
7. Is assistance needed to make programs aware of other funding that is available to handicapped children and families?	1	2	3	4	5								

V. Administrative

Please review the needs which you are expressing in the Administrative Component and indicate your top five needs in the section below. Rank so that #1 equals top priority and #5 equals fifth priority.

PRIORITY #	ITEM #	COMMENTS
1.		
2.		
3.		
4.		
5.		

OTHER COMMENTS:

Head Start Request For Services

How It Works

This form is for record keeping and reporting purposes in the local Head Start program. When a special need arises, and a service request is made, Head Start should complete the Service Request Form. Head Start should then file this form under Handicap Effort Requests.

The designated Head Start person should check this file periodically (bi-weekly). If the request has not been responded to within one month from the date of request, a copy of the request should be attached to the Head Start Follow-Up on Service Interaction and mailed to the RAP.

What Result Should Be Expected

The RAP or SIP will contact the Service Agency and send a form for Follow-Up on the Interaction with Head Start to the service agency. In North Carolina the SIP will work through the SIP Advisory Board and the Technical Assistance Team to resolve the problem, and follow through to see that a response to the request is made.

HEAD START REQUEST FOR SERVICES

Date of Request _____

Name of Person Making Request _____ Staff Position _____

Name of Head Start Director _____

Name of Head Start Program _____

Address of Head Start Program _____
(Street or P.O. Box)

_____ Telephone Number _____
(City) (State) (Zip)

Service Request

Place an X beside type of client/s	Service Desired (Place an X in appropriate column)						
	Diagnosis	Client Treatment	Program Planning	T	TA	Direct Service	Is there an agency that you prefer to use? (please specify)
Child ____							
Family ____							
Staff ____ (Please specify position) a. _____ b. _____ c. _____ d. _____							

Other Comments:

Head Start Follow-Up of Service Interaction

Purpose - This form should be used to provide follow-up on the service which Head Start has requested from another resource agency. This should be a part of the overall record keeping system for the local Head Start program in the Handicap Effort. The local Head Start program should arrange to have this form duplicated and available when needed. The Specially Funded program may be able to assist in this process.

When to use the Service Follow-Up Form - If the local Head Start program requests a service from another agency, but does not receive a satisfactory response WITHIN ONE MONTH after the request is made, this form should be completed in duplicate.

Who receives the Service Follow-Up Form - The form should be completed in duplicate. One copy should be kept in the Head Start program and the other should be mailed to the Resource Access Project.

What should be the expected result - The RAP should identify a resource that can respond to the expressed need. (In North Carolina the RAP will contact the Service Integration Project for direct service response.) A follow-up contact to the service agency and the Head Start agency will be made.

Head Start Follow-Up of Service Interaction

1. Name of Head Start program: _____

2. Address of Head Start program: _____

_____

City State Zip

3. Telephone: _____
(area code) (number)

4. Name of Person Responsible for Service Request: _____

_____

5. Please give a brief explanation of the problem which required the service request/s: _____

_____

_____

_____

6. As an indicator of your satisfaction in the service response interaction, please make the appropriate responses in the chart below. (Select a letter from the list at the bottom of this page which represents a problem, if any, encountered during this process. If your problem does not appear on this list, write in the representative letter for 'other' and explain in space beside 'other.'

Name of Service Agency	Service Requested	Level of Satisfaction (x)				Problem
		Satisfactory No Follow Up Needed	Satisfactory But Needs Follow Up	Unsatisfactory Delivery	No Delivery Made	

List of Possible Problems in Service Delivery

a. Lack of client eligibility
b. Lack of funding
c. Service not available in Head Start community
d. No response by community agency
e. Service not available during time period necessary
f. Lack of family cooperation
g. Lack of transportation
h. Lack of Head Start cooperation among staff
i. Lack of Head Start human power for service implementation
j. Excessive paperwork before service acquisition
k. Schedule of service hours available to client
l. Other (please specify) _____

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Would you like to maintain this relationship with the community agencies who have been involved in this process? If not, please indicate those with whom you do not wish to continue.

_____ Yes _____ No

Additional Comments:

Printed Signature _____

Signature _____

Staff Position _____

Date _____

The following forms have been used in various planning conferences for the Service Integration Project. They are offered to assist in the assessment and implementation of collaborative plans.

GENERAL STATEMENT OF PURPOSE FOR SIP PLANNING DAYS

Purpose of SIP

The Service Integration Project is designed to serve North Carolina as divided into six (6) geographic clusters. These clusters cover North Carolina from the eastern coastal area to the western mountain boundary. (For visual reference please see the attached map.) The SIP is funded to provide a mechanism for the coordination of services to preschool children with handicaps who are targets for Head Start and other community service agencies. The SIP currently is in its first year of funding as a national pilot project. North Carolina is the only state in the United States to receive funding for the Service Integration Project. It is housed administratively at the Chapel Hill Training Outreach Project with a subcontract to DD/TAS.

Purpose of SIP Planning Day

The intent of each SIP Planning Day is to provide an opportunity for a more individualized approach to service integration in the six (6) geographic clusters of North Carolina. An overall goal for each of the six planning days has been.

> "To develop a structure for coordination of services to young children with handicaps in (the specific cluster area)."

Realizing that each cluster will have individual differences and needs, it would be inappropriate to plan the same structure for all clusters. Therefore, the successful implementation of a structure must be guided by the input from Head Start programs and community agencies such as Developmental Evaluation Clinics, Office for Children, Mental Health, Public Health, Public Education and consumer organizations.

The results of the six planning days yielded a variety of structures for coordinating services to young handicapped children. These results include:

a) Cluster and Local Task Forces for Advocacy of Services

b) Conferences with Planned Structure of Collaboration among Head Start and Service Agencies

c) Involvement of Head Start in the Ongoing Structures of Advocacy at Local Levels

An individualized plan follows for each of the six planning conferences.

DESIGN FOR COORDINATION OF A PLANNING CONFERENCE ON SERVICE INTEGRATION

TASK	PURPOSE	WHO IS RESPONSIBLE	DATE TO BE COMPLETED
Contact Specially Funded Handicap Coordinator and/ or regional Service Agency Coordinator	To establish suitable date for planning conference and request his/her assistance as a sponsor	Service Integration Project Staff	At least 6-8 weeks ahead of desirable time for planning conference
Contact State Handicap Coordinator and/or state person knowledgeable of Head Start and service networks	To create awareness of planning development and to seek assistance in the coordination of planning conference and follow-up	Service Integration Project Staff	At least one month ahead of planning conference date
Request Specially Funded Coordinator to identify service agency personnel from each county in his/ her cluster as invitees to the planning conference	To develop an equal representation among Head Start and other community agencies for providing ideas in the strengthening of service coordination	Service Integration Project staff and Specially Funded Handicap coordinator	Six weeks prior to planning conference date
Contact State Advisory Task Force for listings of action oriented community workers and general agency listings	To develop resource listings for advocates of services integration and broaden the awareness of the state to the activity of the planning conference	Service Integration Project Staff (and state Handicap Coordinator if available)	Six weeks prior to planning conference date
Reserve meeting space	To ensure "smooth" meeting	Specially Funded Coordinator	Six weeks prior to planning date
Develop an invitation for the planning conference and co-sign with Specially Funded Coordinator	To tell invitees of the purpose, place and sponsors of the service integration planning day	Service Integration Project Staff and Specially Funded Coordinator	Five weeks prior to planning conference date
Send invitations to 20-25 selected invitees	To request community and Head Start input for service integration	Service Integration Project staff and/or SFC	Five weeks prior to planning date

DESIGN FOR COORDINATION . . . (cont.)

TASK	PURPOSE	WHO IS RESPONSIBLE	DATE TO BE COMPLETED
Develop agenda	To identify needs for material development	Service Integration Project Staff	Four weeks prior to planning conference
Develop materials and ask any special speakers to present ideas	To tailor planning conference to accomplish its purpose	Service Integration Project Staff	Four weeks prior to planning conference
Hold planning conference and establish follow-up committees	To plan for stimulus activity to integrate services	Service Integration Project Staff and SFC	On designated date
Follow-up with a summary for role responsibilities for each committee member	To guide the development of the stimulus service integration activity	Service Integration Project Staff	Week following planning conference

CHAPEL HILL TRAINING-OUTREACH PROJECT

Dear

At the beginning of 1976 the Office of Human Development began to contemplate the possibility of an integrated system of services for handicapped children. The basic foundation for this service delivery system would be the resources of the Developmental Disabilities Office and the Office of Child Development, which are both components of the Office of Human Development. The state of North Carolina would be the exemplary model for this project. This selection is due to the wide array of service resource agencies in North Carolina and the potential for a coordinated system of these services.

Therefore in February and March of 1976 a meeting was held with state agency representatives in the North Carolina Department of Human Resources, the State Training Office for Head Start the Department of Public Instruction and other agencies who serve young handicapped children in North Carolina. The purpose of these meetings was to design a model for coordinating the delivery of available North Carolina service resources to young handicapped children.

The February and March conference participants expressed many ideas for a model system of service delivery. Since March, these ideas have been incorporated into a proposal for the Service Integration Project. The Service Integration Project is now funded through the Office of Child Development with dual funding being allocated for the Chapel Hill Training-Outreach Project and the Developmental Disabilities/Technical Assistance System.

A primary component of the program plan for the Service Integration Project is the coordination of a conference for each of the six geographic clusters of the North Carolina Head Start Handicap Effort divisions. The purpose of these conferences will be to promote service delivery to exceptional children in Head Start and to demonstrate the resources of Head Start to other service agencies. The conference will be based on the needs of North Carolina Head Start programs in each geographic cluster.

Although a Needs Assessment for each program has been implemented, more appropriate and individualized planning can occur if a representation of the Head Start Directors, SIP staff members and North Carolina Resource Service Agencies can come together for a planning meeting.

Lincoln Center, Chapel Hill, North Carolina 27514 telephone 919-967-8295

Funded by the Bureau of Education for the Handicapped and the Office of Child Development, Department of Health, Education and Welfare

The SIP Planning Conference will be held on The location is

and the hours are

It is of great importance that we work together to plan a conference on services for preschool exceptional children in order to meet the individual needs of various programs and populations.

Your presence at this planning conference is urgently requested. A preregistration form is attached to this sheet. Please remove this sheet and return it to Jo Pennington at the Chapel Hill Training-Outreach Project, Lincoln Center, Merritt Mill Road, Chapel Hill, North Carolina 27514.

If you cannot attend, but would like to send a representative from your agency, please indicate this decision in your response. Any questions or comments can be directed to Jo Pennington at (919) 967-8295.

Sincerely,

Jo J. Pennington
SIP Coordinator

Joan Bartel
Associate SIP Coordinator

Anne R. Sanford
Director, Chapel Hill Training-Outreach Project

G. Ronald Neufeld
Co-director, DD/TAS

Ron Wiegerink
Co-director, DD/TAS

AGENDA

SERVICE INTEGRATION PROJECT PLANNING CONFERENCE

Welcome

What is the SIP?

Use of Resources in Head Start

Break

Direct Service Needs in Cluster

Lunch

Development of Collaborative Goals

Break

Logistics of Collaborative Goal Implementation

REACH TO RESOURCES

Effectively meeting the special needs of handicapped children in Head Start requires the combined efforts of all available community resources. An interdisciplinary approach achieved through collaboration can provide a comprehensive program meeting the needs of the child in his total environment.

A primary objective of Head Start programs within the Audubon Area Specially Funded Cluster has been to achieve this interdisciplinary approach through local and cluster collaborative arrangements.

Through establishing good rapport and an awareness of our objectives within local communities, Head Start can achieve additional support in recruitment, the provision of needed special services, and an increased understanding among agencies and parents of the Head Start mainstreaming effort.

A well planned process, adapted to the needs of the local area, can assure a community level delivery system in services to handicapped children in Head Start. Initial planning strategy includes identifying

needs: diagnostic, services, training, resource materials

available resources and services provided

contact persons

community advocates

alternative approaches

time elements

follow-up

strategies that will make the collaborative effort beneficial to all concerned, identifying Head Start resources that can be shared with other agencies.

Reference: Reach to Resources
Ginger Moore
Audubon Area Head Start

Considerations in Conference Planning

BASIC QUESTIONS

A. Which state and federal resources would you like to learn more about?

B. Which local agencies and organizations need to be involved in a conference on young handicapped children?

C. Are you involved with a multi-agency advocacy group?

D. What collaborative efforts are going on and could be strengthened by broader participation and advocacy involvement?

SERVICE INTEGRATION PROJECT

STATEMENT OF NEEDS

Agency Name: _____

Address: _____

_____

_____

For the purposes of planning collaborative conferences for improvement of your services to children/families, please list the needs of your agency as you perceive them. Your conference will be based on these needs.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

STATE AND FEDERAL RESOURCES
FOR YOUNG HANDICAPPED CHILDREN

Please indicate which fine of the following resources it would be most useful for agencies in your area to know more about.

1. Education of All Handicapped Act -- PL 94-142 ____
2. Head Start Handicap Mandate ____
3. Developmental Disabilities Services Act and the North Carolina Developmental Disabilities Council ____
4. BEH-OCD Collaboration ____
5. DD-OCD Collaboration ____
6. Governor's Advocacy Council for Children and Youth ____
7. LINC State Training Office ____
8. Chapel Hill Training-Outreach Project ____
9. Cooperative Planning Consortium of Special Education Training Programs in the University of North Carolina ____
10. North Carolina Office for Children ____
11. Supplemental Security Income ____
12. North Carolina Public Health Programs: EPSDT, Maternal and Child Health, SPSP, Developmental Evaluation Centers ____
13. North Carolina Social Services Programs: Title XX ____
14. LINC Children's 100 ____
15. North Carolina Mental Health Programs ____
16. CARE-LINE Information and Referral Service ____
17. Residential Center Programs ____
18. Associations dealing with children and disabilities ____
19. North Carolina Department of Public Instruction: Early Childhood State Plan ____
20. North Carolina Head Start Association ____
21. Services of Higher Education Institutions in North Carolina ____

COLLABORATIVE AGREEMENT FORM

SERVICE INTEGRATION PROJECT

Name of Agency _____

Address of Agency _____

Name of Secretary _____

Telephone Number Area Code ( ) _____

State Agency Contact Person _____

Person Completing Form _____

COLLABORATIVE SUPPORT Check those in which you can participate	(✓)	COMMENTS
1. Telephone calls to community agencies		
2. Send support letter to local community agencies		
3. Participate in SIP conferences in Head Start clusters		
4. Identify community agency representatives to assist the local Head Start programs in serving handicapped children		
5. Inform SIP of activities from your agency network which might benefit the Head Start network		
6. Other		

Committees for Planning Conference

1. Publicity _____

2. Program Planning _____

3. Facility Arrangements _____

4. Hospitality _____

5. Invitations List _____

6. Exhibits Coordination _____

SIP

PLANNING DAY EVALUATION

To help us plan more effective meetings, we would appreciate your comments on this meeting.

1. How well did the meeting accomplish what you expected? Please comment.

2. Was the time allotted each item on the agenda adequate? If not, which items needed more or less time?

3. As you see it, what next steps did the group agree on?

MARTIN COUNTY PLANNING CONFERENCE

Process

Two planning days were held in October to gain input of Head Start and community agencies. A major need was expressed as that of stronger coordination among state agency staff members and regional and local staff members. Many felt that a discrepancy exists between the content of state level mandates and local resources for implementation.

Major Finding

The most frequently cited problem as voiced at the Martin County Planning Day was that of a lack of information. This lack of information included data regarding Head Start by other agencies and also, Head Start lacking information about other agencies.

Results

Therefore, since a mutual lack of information demonstrated the need for a major conference which would:

a) Stimulate awareness of participants in available services for young handicapped children and their families,

b) Provide an opportunity to discuss needs and services,

c) Provide a plan for strengthening local advocacy activities of participants

The Martin County Conference on Young Children With Handicaps was scheduled for December 14 - 15. Keynote speakers included Ms. Barbara Kamara, Mr. Don Taylor, Ms. Anne Sanford, Dr. Ron Neufeld, Dr. John Pelosi and Mr. Jim Shelton.

Ms. Reggie Risoldi, Specially Funded Coordinator was the Program Committee Chairperson. The program planning committee consisted of:

Ms Jo Ann Foreman, Office for Children
Ms. Mavis Williams, Office for Children
Ms. Debbie Conklin, Mental Retardation Specialist
Ms. Reggie Risoldi, MCCA Specially Funded Coordinator
Ms. Jo Pennington, SIP Coordinator
Dr. Dewane Frutiger, Director of Elizabeth City Developmental Evaluation Clinic

Process

The WAIY Planning Conference was held on November 10 at the Center for Continuing Education of Appalachian State University.

Major Finding

A major area of need was expressed among the planning participants in understanding the role and responsibility of state agencies. Again, a need was expressed in coordinating local delivery of services with state expectations.

Results

In order to learn more about the role of state federal and local agencies the WAIY Planning Group decided to hold a conference on young children with handicaps. This conference will be held on February 17 - 18 at the Center for Continuing Education of Appalachian State University of Boone, North Carolina.

The major focus of the conference is to be on collaboration of service agencies for preschool children with handicaps. A strong definition of collaboration needs to be made with examples of ways to achieve improved service delivery through collaboration.

The Specially Funded Head Start Handican Coordinator is Ms. Varnie Greathouse. She is serving as Program Planning Chairperson and will assist in locating exhibitors for service agencies at the conference.

EXPERIMENT IN SELF-RELIANCE PLANNING CONFERENCE

Process

The planning meeting for Experiment in Self-Reliance cluster was held on December 7, 1976. At this meeting various committees were established as follows:

Committee	Number of Volunteers
Exhibit Tables	5
Program Planning	4
Hospitality	3
Facilities Arrangement	2
Publicity	5

Major Finding

A lack of information about resources to serve young handicapped children and their families surfaced as a key issue. The ESR Planning Group expressed a need for stronger emphasis on coordination among local advocacy and service groups.

Results

The ESR Planning Group decided to have a conference on young children with handicaps on March 1-2, 1977, in Burlington. Exhibits will be made of local service agency structures and keynote speakers will address the topics of advocacy, collaborative approaches to service integration and legislation for handicapped children.

Greg Bryant is the Specially Funded Handicap Coordinator and is the Program Planning Coordinator for the ESR conference.

Process

The Madison-Buncombe Planning Day was held on January 6, 1977, at the Opportunity Corporation of Madison-Buncombe Counties in Asheville, North Carolina. A major focus was on the problems in acquiring services for children and families who are located in rural counties, particularly where resources are not available.

Results

The Madison-Buncombe Planning Group decided to form a Task Force Planning Committee which will meet on February 4 to develop local Task Force Group plans. The Task Force Planning Committee will design an agenda for a larger group meeting on March 23. The larger group Task Force will be comprised of action-oriented individuals who can help in the local strengthening of advocacy mechanisms across the Madison-Buncombe cluster. The SIP staff will meet with Madison-Buncombe on March 23.

Ms. Stephanie Pell and Ms. Jean Boyd of the Madison-Buncombe cluster program will coordinate the Task Force meetings.

CHARLOTTE PLANNING DAY

Process

The Charlotte Cluster Planning Day for Service Integration was held on January 11, 1977. The Charlotte group represented agencies who demonstrated a strong awareness of the role and function of each other. It was seen that various advocacy groups existed, but that a specific focus on young children with handicaps was needed.

Major Finding and Results

A conference was not necessary to establish advocacy mechanisms. The agencies from Charlotte-Mecklenberg and Gastonia were able to plan a follow-up task force meeting during the Planning Day. Two other groups were involved in planning as advocacy groups in their local communities of Southern Pines and Laurinberg. Therefore, the SIP will assist in asking members of the Task Forces to support the effort to integrate services. Attendance at the Task Force meetings by SIP staff members has been requested. The requests will be honored by Anne Sanford and Jo Pennington.

The Specially Funded Coordinator for Charlotte cluster is Ms. Helen McCombs. She will coordinate with the SIP on the Charlotte-Mecklenberg Task Force meeting and the Gaston County Task Force meeting.

JOHNSTON-LEE CLUSTER PLANNING DAY

Process

The Johnston-Lee Planning Group had a small but action-oriented membership. It consisted of:

Ms. Julia Debnam, Office for Children
Ms. Margaret Pollard, Area Health Education Center
Ms. Rose Reubel, Wake-Raleigh Head Start
Ms. Shirley Whitley, Johnston-Lee Head Start
Mr. Franklin Mathews, Johnston-Lee Head Start
Ms. Parma Howard, Sampson County Head Start
Mr. Tim Pritchard, Developmental Evaluation Clinic
Ms. Anne Sanford, Chapel Hill Training-Outreach Project/SIP
Ms. Sherry Brigham " " " " "
Ms. Jo Pennington " " " " "

The meeting was held in Smithfield on January 14, 1977.

Major Finding

It was established that while other conferences are being planned for the spring a focus on structured collaboration for services to young children with handicaps is needed. The focus of the planning day was in structuring a conference which would concentrate on the process of locating services as well as the need to integrate these services.

Results

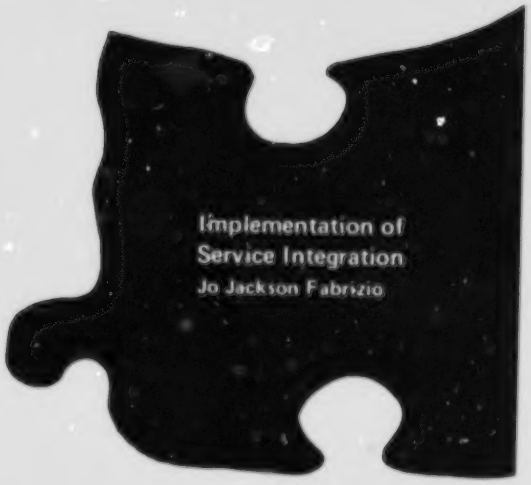
The Johnston-Lee Planning Group will hold a second planning day on February 4 at the Head Start program in Smithfield, North Carolina. Finalization of conference plans will be made on February 4. The general agenda is as follows:

Major Focus - Acquisition of services for preschool handicapped children and their families

Basic Goals - 1) To create and/or strengthen agency awareness and parent awareness of direct services and 2) to coordinate the functional relationship of service to the special need of child and family, i.e. how do services provided by agencies relate to needs of child and family 3) and to establish follow-up mechanisms to local advocacy.

The Johnston-Lee Conference date is set for April 27-28 in Fayetteville, North Carolina. Johnston-Lee planning participants favor a conference which involves local agencies, consumers and cluster leaders. The agenda items will include:

Welcome and Conference Overview
Panel of Parents of Handicapped Children
Focus of Head Start Handicap Effort
Advocacy: What - Why - How


Implementation of
Service Integration
Jo Jackson Fabrizio

IMPLEMENTATION OF SERVICE INTEGRATION PLANS

The Service Integration Project assisted in the stimulation of collaboration among Head Start and community agencies in each of the six Head Start clusters. The particular type of assistance depended upon the needs expressed as a result of the SIP planning days in each cluster.

The major results were four collaborative conferences for which 1277 invitations were issued and the establishment of two cluster task forces. Coordination of these task forces continued through the Specially Funded Head Start network and other community agencies. A task-analyzed conference guide which outlines the model for the Service Integration Conference was developed. However, in order to implement a conference guide to collaboration as a technique in service integration, it is important to understand the rationale for the design of the guide. In looking at the appendix copy of the conference guide entitled The Collaborative Approach to Service Integration: A Process For Collaborative Planning, it is evident that planning of each activity is very essential. The conference guide is experimental since changes were made for each conference, based upon reactions from participants and small group leaders. The major focus of the conference is one of resource awareness, consumer rights, and mutual planning to meet the needs expressed for service coordination. The specific objective is stated for each activity. It is very important to select a leader for each activity who is respected in the community for competent leadership, and who is dynamic in manner of presentation. For example, the speakers at the April 27-28 conference (as well as all other SIP conferences) were familiar with Head Start, supported children's services, and were action-oriented.

The variance of agency representation at service integration conferences is of extreme importance. In looking at the April 27-28 conference Guide the distribution for speakers is as follows: North Carolina State Representative to the Legislature; Head Start Directors; cluster Specially Funded Coordinator; services providers in health; consumers of handicap services (parents and an individual who has a disability); and the Chapel Hill Training-Outreach Project.

The Specially Funded as well as the State Handicap Coordinator of Head Start should play a very significant role in organizing the conference and presenting information of the handicap effort of Head Start.

The schedule is designed in such a way as to balance listening activities with working activities. (The working activities of small group processes are explained in Chapter IX, the Collaborative Process for Service Integration.) An additional activity for providing information on services available is to schedule a series of concurrent workshops during the conference. Representatives for concurrent workshops consisted of Social Services, Chapel Hill Training-Outreach Project, Area Health Education Centers, Mental Health, and the Department of Public Instruction and Head Start. Frequently agencies who otherwise may not participate in conferences will respond and attract additional participants, if they are given a responsibility in the program.

As indicated earlier, the local task force is another selected option for service integration and coordination. Often, a major outcome of the conference might be the development of a local task force group to share community projects for services to handicapped children.

Logistics are important! In a multi-county meeting which is designed to accomplish follow-up, it is important to develop a definite seating arrangement at the conference. For example, in the April 27-28 conference, fourteen counties were represented. Eight Head Start programs were located within these fourteen counties so that seating arrangement was based upon the counties served by Head Start. In this way, the representatives of these counties can become better acquainted and plan for practical conference follow-up. A person who represents several counties may choose to rotate from group to group. However, persons from those counties served by one Head Start program should be seated together.

Exhibits at the conference were used to provide another avenue of sharing information about service agencies. Setting up the exhibit hour with a social hour is a means of enhancing communication from those persons who otherwise may be less inclined to verbalize during large group structure. Exhibitors should be contacted at least a month prior to the conference time. They will need to know of logistical arrangements and purpose of the conference, in order to know of appropriate materials to have available in the exhibit booth.

APPENDIX

CHAPTER V

CHAPEL HILL TRAINING-OUTREACH PROJECT
LINCOLN CENTER - MERRITT MILL ROAD
CHAPEL HILL, NORTH CAROLINA 27514
(919) 967-8295

March 4, 1977

Dear Advocate:

How many times have you needed a human service, but were unable to locate it? How many times have you provided a human service, only to discover in the midst of your labor that the child and family are being bombarded by numerous other agencies of mutual concern, but no coordination?

Perhaps you are truly an exceptional person and have been so fortunate as to miss these experiences of frustration for both service provider and service recipient. However, numerous preschool children with handicaps and their parents have suffered "agency abuse" through a lack of communication and coordination among service agencies of common purpose. One means of reducing service duplication and increasing coordination is that of planning together with agencies from individual communities.

In June, 1976, the Office of Human Development-Office of Child Development funded the Service Integration Project (SIP) through a grant to the Chapel Hill Training-Outreach Project. The funding is for the purpose of providing a coordination mechanism among agencies which provide services to preschool handicapped children and their families in those North Carolina communities served through Head Start programs. While some communication exists among agencies and Head Start programs serving handicapped children, there is a need for more planned service provision to the children and families in local communities. No longer can we think of service provision to exceptional children and families as a mere charitable act of kindness. It is now a legal mandate which is addressed through various legislative documents such as Public Law 94-142 (Services to All Handicapped) and OCD-HS 73.4 (Services to Handicapped Children in Head Start).

Financial resources have not been awarded increasingly to all agencies as has legislation for service provision to handicapped children. Therefore, there is an even stronger demand for cooperative planning among agencies as well as consumers who care about young handicapped children. Many persons are not aware of the resources that are available through such programs as Head Start, Health, Education, Social Service, and numerous other programs within the community.

To assist in planning for service integration in your community, the SIP is sponsoring a Conference on Coordination through Collaboration. The dates are April 27-28 and the location is the Bordeaux Plaza at 1707 Owen Drive, Fayetteville, North Carolina. Your conference is the fourth of its kind in North Carolina since December, 1976.

You have been recommended to attend as a person who values integration of services and who cares about children with special needs. Both the state Advisory Task Force of the SIP and your community agencies have suggested you as a participant who can assist in the need to know more of your services and needs.

Please review the enclosed agenda and preregistration form. It is provided for your use in informing us that you do plan to attend on behalf of young handicapped children in your community.

We look forward to meeting with you.

Sincerely,

Ms. Jo Jackson Pennington
Coordinator
Service Integration Project

Ms. Anne R. Sanford
Director
Chapel Hill Training-Outreach Project

CONFERENCE ON COORDINATION THROUGH COLLABORATION

April 27-29, 1977

SAMPLE: PRELIMINARY AGENDA WITH SPECIAL NOTE TO PARENTS

DAY I

8:30	Registration - Exhibitors Set-Up
10:00	Conference Welcome
10:15	Conference Overview - Jo Jackson Pennington, SIP Coordinator
10:30	Issues in Services to Preschool Children With Handicaps - Ms. Anne R. Sanford
11:15	Questions From Audience
11:30	Small Group Process: Resource Profile For Young Handicapped Children - Ms. Joan Bartel, Associate SIP Coordinator
12:15	Lunch
1:15	A Congressional Mandate For Handicapped Children - Ms. Shirley Whitley, Cluster Coordinator Johnston-Lee Head Start
1:45	Questions From Audience
2:00	The Human Perspective: Service Integration - Panel Discussion By Parents, Moderator, Ms. Parma Howard, Sampson Co. Head Start
2:45	Questions From Audience
3:00	Break
3:15	The Service Maze: Workshops On The Way It's 'Spozed To Be 1) Day Care Legislation 2) Public Law 94-142, Services To All Handicapped Act 3) Competency-Based Training for teachers of developmentally disabled children, Ms. Anne R. Sanford 4) Parents and Children Together (PACT) 5) Area Health Education Centers 6) Parents and Professionals for Handicapped Children 7) Head Start Collaboration with Developmental Day Care, Ms. Lillian Lee, Chapel Hill Outreach Project 8) Title XX
4:45	Exhibits, Social Hour
5:30	Closing of Day I

(Continued on Back)

DAY II

9:00	Welcome, Conference Overview
9:15	Service Coordination Through Legislation for Handicapped
10:00	Collaboration for Services to Handicapped Children in Head Start, Ms. Anne R. Sanford
10:45	Break
11:00	Small Group Process: Collaborative Planning
12:00	Lunch
1:15	Models of Coordination for Services to Handicapped Children - Moderated by Mr. Tim Pritchard, DEC, Wake-Raleigh
2:00	Small Group Process: Selection of Follow-Up Models of Coordination
3:00	Small Group Reports to Total Conference
3:45	Conference Closing - Mr. Cornell Manning, Dr. Louis Fabrizio

A SPECIAL NOTE FOR PARENTS

Those who participated in planning the Conference on Collaboration Through Coordination extend a special invitation for parents of handicapped children to attend. It is our belief that the families who consume the services provided through community agencies should be a major determinant in advising such agencies as to how these services might best be delivered. Also, community agencies want to hear more of the particular needs of the families within their service scope.

The conference is designed with exhibits and workshops to provide information on the available services for handicapped children in their families. Head Start and other agencies can be major assistants in bringing parents of handicapped children to the April 27-28 conference. Please share this information with parents whom you know and support their attendance at the Fayetteville conference.

You may use the same preregistration form as provided in the present invitation. Indicate to the SIP those persons who are parents.

Thank you very much for your responsiveness!

SAMPLE: PREREGISTRATION FORM

PREREGISTRATION

Conference on Coordination Through Collaboration

April 27-28, 1977

Instructions

1. Please complete the following preregistration form and RETURN BY APRIL 20, 1977. (We need this information for planning purposes.)

2. There is a $5.00 conference fee. This is payable in check form to the Chapel Hill Carrboro School System with your preregistration form or during the registration period of the conference.

3. Room reservations for those who wish to stay overnight at the Bordeaux Plaza are available by calling (919) 323-0111. A block of rooms is being held at the Plaza under the name of the Service Integration Project. Please make reservations as soon as possible, as these rooms are held only through April 17.

4. If you have questions regarding any phase of the conference, please contact Jo Jackson Pennington or Sherry Brigham at (919) 967-8295.

---

1. Name _____ Position _____

2. Agency and Address _____

_____

_____

3. Counties Served _____

_____

4. What type of agency are you representing at this conference? At what level?

_____ Consumer
_____ Day Care
_____ Head Start
_____ Higher Education
_____ Mental Health
_____ Office for Children
_____ Professional Assn.
_____ Public Health
_____ Public Schools
_____ Social Services
_____ Institution
_____ State level
_____ Regional level
_____ Local level
_____ Other (please specify) _____

_____

Return to: Ms. Jo J. Pennington
Chapel Hill Training-Outreach Project
Lincoln Center - Merritt Mill Road
Chapel Hill, North Carolina 27514

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SAMPLE: LETTER OF
INVITATION TO EXHIBITORS

CHAPEL HILL TRAINING OUTREACH PROJECT

Dear

We would like to invite your organization to exhibit at the Service Integration Project's Conference on Young Handicapped Children. These conferences are designed to provide an opportunity for agencies serving young handicapped children in North Carolina to share information about their services and to plan together to coordinate service delivery. Each conference will include an exhibit session to acquaint participants with state and local programs. We hope you will be able to take advantage of this opportunity to inform local agencies about your organization's program and services.

The following is a schedule of the remaining conferences:

Boone	ASU Continuing Education Center	February 17-18th
Burlington	Hilton Inn	March 1-2nd
Fayetteville	TBA	April 27-28th

You are invited to exhibit at all of the conferences which are within your organization's service area. An invitation and agenda for the next conference is enclosed.

Exhibits should include written information about your organization in sufficient supply for 150 participants (and exhibitors should be prepared to make a 10 minute oral or mediated presentation to small groups). Facilities (tables and outlets) will be available for media presentations in the exhibit area. Each exhibitor should bring his own projection and sound equipment if needed.

To reserve your space at the next conference, please complete and return the attached Exhibitor Registration Form. The Service Integration Project will pay the registration fees for individuals registered on this form.

We would like to thank you in advance for your participation in this project and will be looking forward to seeing you at the next conference. If you have questions regarding any aspect of these conferences, please call Jo Pennington or Joan Bartel at (919) 967-8295.

Sincerely,

Jo Pennington

Jo J. Pennington
SIP Coordinator

Joan Bartel

Joan Bartel
Associate SIP Coordinator

JJP:JB:lal
Enclosure

Lincoln Center, Chapel Hill, North Carolina 27514 telephone 919-967-8295

Funded by the Bureau of Education for the Handicapped and the Office of Child Development, Department of Health, Education and Welfare

CONFERENCE ON COORDINATION THROUGH COLLABORATION

April 27 - 28, 1977

ACTIVITY GUIDE

CONFERENCE ON COORDINATION THROUGH COLLABORATION

April 27

TIME	ACTIVITY	OBJECTIVE	INSTRUCTIONS	RATING
10:00	Conference Welcome Ms. Colene Stanley	1. To welcome conference participants to an opportunity for joint planning for services to handicapped children	1. none	1. ____
10.15	Convergence Overview Ms. Jo Jackson Fabrizio	2a. To offer rationale for service integration 2b. To explain conference guide	2a. Direct questions if any to speaker 2b. Direct questions if any to speaker	2a. ____ 2b. ____
10.30	Legislation for Services to Handicapped Children	3a. To explain the implications of P.L. 94-142 3b. To demonstrate the need for coordination of services among agencies and consumers	3a. Direct any questions to speaker 3b. Direct any questions to speaker	3a. ____ 3b. ____
11:30	Small Group Process: Developing a Community Resource Profile	4. To develop resource information sheets for a Conference Directory to disseminate to each participant	4. Turn in Yellow Sheet to small group facilitator prior to lunch	4. ____
12.15	Lunch	To replenish and restore!	Enjoy!	
1.15	A Congressional Mandate for Handicapped Children in Head Start	5a. To review the Congressional Mandate to enroll handicapped children in Head Start 5b. To inform participants of the Johnston-Lee cluster's resources and needs in serving handicapped children	5a. Direct any questions to speaker 5b. Direct any questions to speaker	5a. ____ 5b. ____

TIME	ACTIVITY	OBJECTIVE	INSTRUCTIONS	RATING
2:00	The Human Perspective of Service Integration Moderator: Ms. Parma Howard Panelists: Ms. Donna Brannon, Ms. Gwyn Love, Mr. Ron Anderson	6. To demonstrate consumer needs for service integration among agencies	6. Direct questions to panelists	6. _____
3:00	Break	To replenish and restore	Enjoy!	
3:15	Day Care Licensing Standards and Local Resources Available, Ms. Janet Nickerson	7a. To explain regulations for day care standards 7b. To inform participants of ways to access resources for community child care facilities	7. Select one of 3 workshops to attend from 3:15 until 4:00	7a. _____ 7b. _____
3:15	Public Law 94-142, Services to All Handicapped: Preschool Implications - Rich Freeman	8a. To provide the historical development of P.L. 94-142 8b. To demonstrate the implications of P.L. 94-142 for preschool children	8. Same as above	8a. _____ 8b. _____
3:15	Area Health Education Centers: What, Where, How!, Ms. Margaret Pollard	9a. To define the resources available through AHEC agencies 9b. To explain the use of AHEC by consumers	9. Same as above	9a. _____ 9b. _____
3:15	Competency-Based Training for Persons Who Work With Developmentally Disabled Children. Ms. Anne R. Sanford	10a. To define the process for competency based training in special education 10b. To demonstrate the CHTOP Resources available for competency based training	10. Same as above	10a. _____ 10b. _____
3:15	Parents and Children Together: What, Where and How!, Ms. Denise Coulter	11a. To define purpose of PACT teams 11b. To inform participants of ways to access resources of PACT	11. Same as above	11a. _____ 11b. _____

TIME	ACTIVITY	OBJECTIVES	INSTRUCTIONS	RATING
3:15	Title XX Services: How, What and Where!, Ms. Mary Chisolm	12a. To define Title XX Services 12b. To explain ways to access Title XX services	12. Select one of 8 workshops to attend from 3:15-4:00	12a.____ 12b.____
3:15	Wake-Raleigh Head Start Collaboration with Developmental Day Care, Leader: Ms. Lillian Lee Panelists: Ms. Joy Hicks, Ms. Nell Barnes, Ms. Julia Williams Ms. Leigh Webb, Ms. Martha Giovinetti, Mr. Louis Fabrizio	13a. To define a process for establishing collaboration among Head Start and Developmental Day Care 13b. To inform participants of benefits and difficulties in establishing the collaborative agreement of Wake-Raleigh and Developmental Day Care	13. Same as above	13a.____ 13b.____
3:15	Direction Services: What, Where and How! Ms. Lynell Stovall	14a. To inform participants of a new community based coordinating mechanism for handicapped children 14b. To explain ways to access Directions resources	14. Same as above	14a.____ 14b.____
4:00	Schedule of Workshops for 3:15 is repeated from 4:00-4:45	Objectives are the same Refer to previous page	Select a different workshop to attend from 4:00-4:45	
4:00	Day Care Licensing	7a. 7b.	Same as above	7a.____ 7b.____
4:00	Public Law 94-142	8a. 8b.	Same as above	8a.____ 8b.____
4:00	Area Health Education Centers	9a. 9b.	Same as above	9a.____ 9b.____

TIME	ACTIVITY	OBJECTIVES	INSTRUCTIONS	RATING
4:00	Competency-Based Training	10a.	Select a different workshop to attend from 4:00-4:45	10a.____
		10b.		10b.____
4:00	Parents and Children Together	11a.	Same as above	11a.____
		11b.		11b.____
4:00	Title XX Services	12a.	Same as above	12a.____
		12b.		12b.____
4:00	Wake-Raleigh Head Start Collaboration with Developmental Day Care	13a.	Same as above	13a.____
		13b.		13b.____
4:00	Direction Services	14a.	Same as above	14a.____
		14b.		14b.____
4:45	Exhibits and Social Hour	15a. To provide information on service material and resource access to participants	Come and enjoy!	15a.____
		15b. To provide a social hour for free refreshments and interaction with conference participants		15b.____
6:00	Closing of Day I - - -

ACTIVITY GUIDE

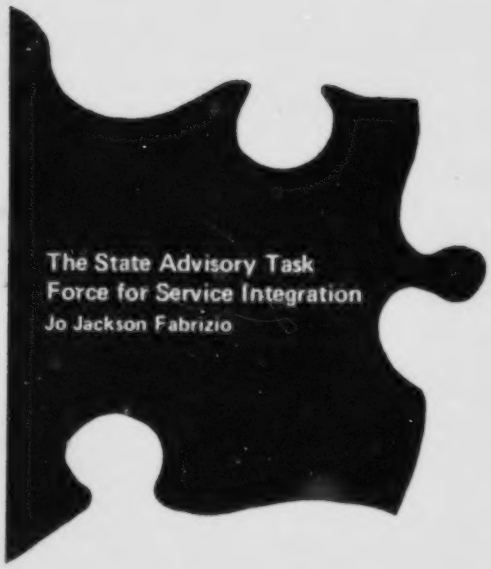
CONFERENCE ON COORDINATION THROUGH COLLABORATION

April 26

TIME		ACTIVITY		OBJECTIVE		INSTRUCTIONS		RATING
9:00	16.	Welcome Mr. Franklin Matthews	16.	to welcome participants to Day II on behalf of Head Start	16.	None	16.	____
9:15	17.	Collaboration in Serving Preschool Handicapped Children Ms. Anne R. Sanford	17.	To describe the a. definition b. benefits c. barriers and d. strategies of collaboration	17.	Please direct questions, if any to Ms. Sanford	17.	____
10:15		BREAK		To replenish and restore!		Enjoy		
10:30	18.	Small Group Process: Planning Collaboration	18.	To survey resources and needs in small group	18.	Review the green Discussion Guide to prepare for completion of the Blue 'Service Resources and Needs' Sheet. Through a circle discussion, complete the Blue "Service Resources and Needs" Sheet.	18.	____
11:15	19.	Small Group Process continued ... Planning Collaborative Efforts	19.	To plan for future collaboration	19.	Use the Pink Collaboration Worksheet to list Service Needs - specific or general - as identified in group. Complete Pink Sheet.	19.	____

April 28

TIME		ACTIVITY	OBJECTIVES	INSTRUCTIONS	RATING
11:45		LUNCH	To replenish and restore.	Enjoy!	
1:15	20.	Models of Coordination for Services to Handicapped Children Mr. Tim Pritchard	20a. To provide options for coordination of services to children and families 20b. To describe the functional rationale for service coordination	20. Please address questions, if any, to the speaker.	20a. ____ 20b. ____
2:00	21.	Selection of Follow Up Models for Coordination	21. To provide an opportunity for persons in small groups to reach agreements for follow up beyond the present conference	21. Use the Collaborative Agreement Form	21. ____
3:00	22.	Reports of Small Groups	22. To share immediately the results of the conference	22. Moderator uses the pink and white forms to report to total group.	
3:30	23.	Evaluation	23. To give suggestions and reactions to conference planners	23. Give evaluation to Moderator for small group.	
3:45	24.	Conference Closing Mr. Louis Fabrizio Mr. Cornell Manning			


The State Advisory Task
Force for Service Integration
Jo Jackson Fabrizio

THE STATE ADVISORY TASK FORCE

Another important component in the SIP structure is the State Advisory Task Force. The SIP has interacted periodically with members of this state level advisory group. Its purpose has been to generate support for local efforts to integrate services among Head Start and community agencies.

The selection of membership on the State Advisory Task Force can impact interagency cooperation at the local level. The council should be comprised of very active members from state level agencies which are major service providers to preschool children with handicaps. These members should be persons who are in positions which allow them to change policy and make decisions. (A listing which indicates the composition of the SIP State Advisory Task Force is located in the appendix to this chapter.)

A key role in the Task Force is that of the chairperson. This role is crucial for promoting continuity among the wide variance of task force representation and for generating the energy needed to implement SIP objectives. Therefore, it is only fair and prudent to select a leader who has time to allocate close attention to the role of chairperson of the service integration activities. The person should be credible and diplomatic in working with many diverse agencies and consumer groups. The objective of a chairperson is to provide cohesiveness to the task force and its statewide activities of service coordination.

Role of the State Advisory Task Force Chairperson

A) To understand the purpose and function of the Service Integration Project

B) To act as an advocate for the implementation of service integration

C) To promote the cooperation of agencies and citizens on the SIP Advisory Task Force

D) To participate in SIP functions

E) To communicate changes in the state service system in order to prevent duplication of effort and services

Role of the State Advisory Task Force

The intended role of the State Advisory Task Force was one of support for and access to the human service networks of North Carolina. The primary function of the Task Force was designed to reinforce an awareness of the urgent need for closer coordination of agency services to the consumer. Many state agencies were not as knowledgeable of the Handicap Effort in Head Start. Therefore, another rationale for a State Advisory Task Force was to inform network personnel of Head Start's comprehensive child development program which serves handicapped youngsters and their families.

The North Carolina system is designed with numerous state, regional and local coordinators of services. Hence, service integration can be viewed as a major effort to "coordinate the coordinators". Therefore, it is essential to use a state advisory task force to assist in communicating the needs and resources of Head Start children who are handicapped.

Three meetings for the Task Force were sponsored by the SIP. (An agenda is available for review in the chapter appendix.) The specific objective of each meeting is delineated as follows:

Task Force Meeting	Objective
#1	To introduce the Service Integration Project and to request assistance in the implementation of SIP objectives
#2	To update the Task Force on the results of the six planning days for the geographic clusters in North Carolina, and to seek guidance in SIP evaluation procedures
#3	To report the full year activities of the SIP and review the data regarding participation by local agencies

At the first State Advisory Task Force meeting, specific role responsibilities were requested. For example, each Task Force member was given a prepared sample letter of support and requested to issue this letter to the field agencies in his/her network. (A copy of this letter appears in the appendix to this chapter.) This letter served to facilitate communication of the SIP objectives to local service agencies and to demonstrate support for these activities by Task Force members. It was obvious by the response of local agencies that some members had distributed the letters of support immediately after the first Task Force meeting.

Additionally, the State Advisory Task Force members completed a collaborative agreement form to indicate their commitment in support of the Service Integration Project. Table 1 cites these agreements.

For many years, services which should be available to young disabled children and their families have been delivered through inconsistent and overlapping processes. Many times, parents and staff members who are involved with exceptional children have experienced frustration and despair in their efforts to work through the service maze. The SIP State Advisory Task Force was seen as one mechanism for providing a form of unity among the Head Start and Human Resources structures of North Carolina.

TABLE 1

SUMMARY OF RESPONSES

SERVICE INTEGRATION PROJECT ADVISORY TASK FORCE

COLLABORATIVE AGREEMENT FOR:

Collaborative Support	Dept. of Public Instruction	Dept. of Human Resources Soc. Services	N.C. Div. of Health Services	N.C. Head Start Association	Children's 100	State Training Office	E.C.U. School of Allied Health	Dept. of Human Resources	Developmental Disabilities	
1. Telephone calls to community agencies	X	X		X		X		X		
2. Send support letter to local community agencies	X	X	X	X		X	X	X		
3. Participate in SIP conferences in Head Start clusters	X	X		X	X	X		X	X	
4. Identify community agency representatives to assist the local Head Start programs in serving handicapped children	X	X	X	X	X	X		X	X	
5. Inform SIP of activities from your agency network which might benefit the Head Start network	X	X	X	X	X	X		X	X	
6. Other	X	X		X				X		

APPENDIX

Chapter VI

SAMPLE SUPPORT LETTER TO BE USED BY ADVOCATES FOR SIP

Dear Local Agency:

The national Office of Child Development and the Region IV Office of HEW (Atlanta, Georgia) have funded a pilot grant in North Carolina. This new program is for the purpose of coordinating service delivery to handicapped youngsters in Head Start programs in North Carolina through existing community agencies. The name of the new program is the Service Integration Project and it is housed at the Chapel Hill Training-Outreach Project. It is a collaborative effort of Developmental Disabilities and the Office of Child Development (Head Start).

I am writing this letter as a representative of the North Carolina Advisory Task Force for the Service Integration Project. As an agency in North Carolina which provides services to young handicapped children, we have a committment to coordinate with Head Start in this effort. If you are not familiar with the Head Start program in your community, please contact this program and get acquainted.

You will be invited by the Service Integration Project to participate in a conference in your geographic area. The purpose of the conference will be to provide an opportunity for community agencies and Head Start to outline collaborative approaches to serving young handicapped children. Head Start does have available funding to purchase direct services. I encourage you to attend this conference and plan collaborative efforts with Head Start.

North Carolina has many dedicated professionals and paraprofessionals who sincerely want to improve the effectiveness of service delivery to young handicapped children. You are counted among these and working together we can improve services as well as alleviate wasteful duplication.

Please help in this new effort of the Service Integration Project to assist young handicapped children. If you have questions regarding the SIP, you can direct these to Ms. Jo Pennington at (919) 967-8295. The mailing address for the SIP is the Chapel Hill Training-Outreach Project, Lincoln Center, Merritt Mill Rd., Chapel Hill, North Carolina 27514.

Thank you for your support.

Sincerely,

SIP ADVISORY TASK FORCE MEMBERS

Mr. Jim Barden
Coordinator of Federal Programs
Dept. of Public Instruction
Div. for Exceptional Children
Education Bldg.
Raleigh, NC 27611
733-3005

Dr. Lewis Bock
Chief, Personal Health Section
NC State Dept. of Public Health
P.O. Box 2091
Raleigh, NC 27602
733-3131

Ms. Anne Whitehurst
Dept. of Human Resources
Div. of Social Services
325 N. Salisbury St.
Raleigh, NC 27611
733-3055

Mr. Lou Fabrizio
President, NC Head Start
Association
567 East Hargett St.
P.O. Box 28105
Raleigh, NC 27601
833-2923

Ms. Florence Glasser
Children's 100 - LINC
1006 Lamond Ave.
Durham, NC 27701
688-8211

Ms. Barbara Kamara
LINC
1001 N. Elm St.
Greensboro, NC 27401
275-9836

Ms. Carolyn London
2211 Wilshire Dr.
Durham, NC 27707
489-3950

Mr. Don Taylor
Office for Children
Albemarle Bldg., 5th Floor
Raleigh, NC 27611
733-4834

Dr. Ronald Thiele
Dean, School of Allied Health
East Carolina University
Greenville, NC 27834
757-6961

Dr. Anne Wolfe
Deputy Commissioner
Mental Retardation Services
Dept. of Human Resources
P.O. Box 26327
Raleigh, NC 27611
733-4660

Ms. Hinda Berkelhammer
North Carolina State Handicap Coord.
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The overall response by the Task Force in its perception of the proposed program plan of the SIP was positive. The following evaluation shows the summary of response to the initial meeting of the State Advisory Task Force.

EVALUATION SUMMARY

Service Integration Project Advisory Task Force Meeting
October 6, 1976

1. Do you feel you gained a clear understanding of the rationale and origins of the Service Integration Project? Please comment.

   a. Yes. In general, it's encouraging to see the activity on a regional level potentially.

   b. Yes.

   c. Yes.

   d. Yes. The information presented helped me to see how our agency might better tap into this state wide program.

   e. Yes. It seems apparent all are aware of the goals outlined; hopefully it will move forward.

   f. Yes.

   g. Yes.

2. Do you feel you gained a clear understanding of Head Start's need for service coordination? Please comment or note any questions you may have.

   a. Didn't feel that it was clarified as to why you wished to "find" handicapped children and what you intended to do after they were found. Also the definition of "handicapped" seemed to always mean MR.

   b. Yes. Can see how needs are tied to many different groups or agencies.

   c. Yes.

   d. Yes. I wonder what impact SIP will have on coordination in areas other than handicap for HS.

   e. Yes.

   f. I understand the need but am not sure that local Head Start projects would agree.

   g. Yes.

3. Do you feel you gained a clear understanding of the DD Council's role in helping Head Start meet its need for service coordination? Please comment or note any questions you may have.

   a.

   b. Yes.

c. Yes.

d. Somewhat.

e. Yes. Efforts are very consistent with the mandate of the DD Act.

f. Yes.

g. Yes.

4. Did you gain a clear understanding of the current activities and plans of the Service Integration Project and its evaluation? Please comment or note any questions.

a. Confusion about what could be done with the handicapped because of limited resources on the local level. Should not more intervention facilities be available before we start talking definitively about integrating services (what services??).

b. Yes.

c. I expect to receive the MBO plan which will more fully explain the future activities.

d. Yes.

e. Yes. Need to be kept appraised of efforts where and when our office can be of assistance.

f. Yes.

g. No. What is plan and purpose of upcoming cluster meetings? What is relationship between SIP activities and task force responsibility or function ?

5. How useful were the case studies in helping you understand the problems Head Start faces in obtaining needed services? Please comment.

a. Useful. Need for clearer understanding of function of agencies locally and state centered.

b. Useful in that certain real problems were brought into focus rather than just in general terms.

c. Most problems seem to stem from a lack of information.

d. They were okay. However, not enough time to completely process questions in small group which were indirectly related to the handicap effort but to Head Start in general.

e. Moderate. The problems are universal in one way or another in most programs.

f. It is felt that most of these problems could be solved at the local level using the local advisory group as a resource.

g. Fairly useful - similar to problems confronting other agencies/programs at local level.

6. Did you gain a clear understanding of the role of the Advisory Task

Force in facilitating collaboration to meet Head Start's needs? Please comment or note any questions.

a. Not too clear but sure it will be worked out.

b. Yes.

c. Seems we should become an information and advocacy group.

d. I think we were just beginning to explore this at the end of the day.

e. Fairly well. I feel that the Task Force should be involved and kept appraised.

f. Not totally. What is future role?

g. No. See #4.

7. Did you have adequate notice of the purposes and time of this meeting?

a. Notice was short, just happened to have day free, otherwise couldn't have come.

b. No, but that was due to problem within my agency.

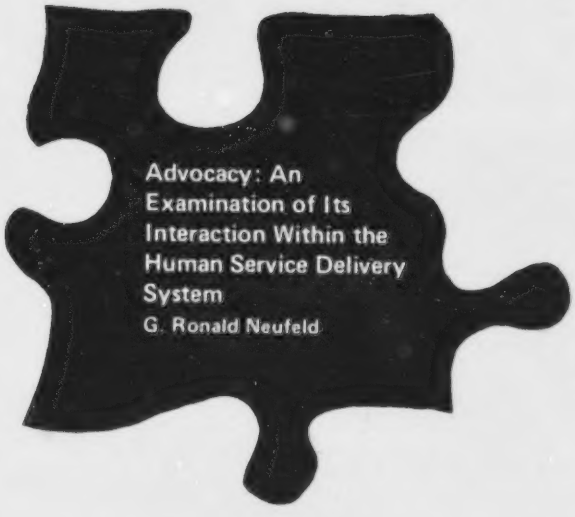
c. Yes.

d. Yes.

e. Yes.

f. Yes.

g. Yes.


Advocacy: An
Examination of Its
Interaction Within the
Human Service Delivery
System
G. Ronald Neufeld

ADVOCACY: AN EXAMINATION OF ITS INTERACTION WITHIN THE HUMAN SERVICE DELIVERY SYSTEM

I. INTRODUCTION

An advocate, simply defined, is one who is trying to maintain or promote a cause. From an individual perspective, advocacy is acting in behalf of, or pleading a cause for another. It often involves fighting for someone who can't fight for himself. From the writer's viewpoint, direct individual advocacy is the cornerstone of all advocacy, and it is as old as the human race. The basic goal of all advocacy activity is to improve the quality of life for some person or group of persons. The purpose of this paper however is not to deal with personal, direct advocacy but rather to consider advocacy activity and its relationship with the human service delivery system. First, the paper presents some problems in the human delivery system that indicate a need for advocacy mechanisms. Second, two approaches to advocacy are described: an advocacy approach that operates from inside the system and an advocacy approach that operates from outside the system. The paper concludes with observations concerning the advocacy role and function of a D.D. council.

II. PROBLEMS IN THE HUMAN SERVICE DELIVERY SYSTEM

The past twenty years have brought about unusual growth and expansion in the field of human services. In many states the human service system has resulted in the development of organizations at several geographic levels including local, regional within state, multi-state regions and national. To a citizen at the local level this multi-layered bureaucracy might resemble a huge onion. No matter how many layers are stripped away, there always seems to be another layer to deal with. Pressing the onion metaphor a bit farther, a person attempting to strip away the bureaucratic layers is likely to be driven to tears before an accountable and responsive agent is found. The human service network is sometimes referred to as a system or a machine. This analogy is weak since the terms "systems" or "machines" imply relationships between the parts. At or across the same bureaucratic levels, we witness a great deal of fragmentation and lack of communication. At the federal level we are confronted with piecemeal evolution of legislation and confused agencies trying to implement this legislation and maintain coordination and communication between the many parts of the huge federal structure. Communication and interaction between agencies is not much better at the state level. State agencies spend much of their energy in political warfare with other agencies: activity aimed at gaining support for their programs from governors and legislators. Similar interagency warfare, and "turf defense" takes place at the local level. Professionals disagree about theory, philosophy, and intervention strategies. These conflicting viewpoints are played out in the warfare between service providers. In some instances, local agencies fight for control over the same clients whereas the majority of citizens with needs are unserved.

In the writer's opinion our human service arrangements have become

so large and complex that even competent individuals need help in picking their way through the maze of organizations that constitute our delivery system. Perhaps the best analogy for our human service system is that of a giant maze. The maze runners are not rats but humans who are trying to access services and resources. Services and resources are the reinforcers at the end of the maze. They are dispensed by the service providers, but one gets the feeling that only a very small proportion of the total reinforcers (resources) are dispensed to the maze runners. The largest proportion of the resources are absorbed in maintaining the organizations that exist in and for themselves. In keeping with the Darwinian theory, only the fittest maze runners survive. In this system, the handicapped are always the losers. Maybe that's what advocacy is all about, trying to minimize the losing for developmentally disabled citizens.

Given the size, complexity, and unresponsive nature of the bureaucracy, it is unlikely that an individual advocate will be successful in moving the system alone. If advocacy for an individual calls for change in the human service system in order to render it responsive to an individual's needs, then advocates must have access to a source of political power. The writer proposes that advocates should create their own organizations that takes on the characteristics of a social movement. In this connection, perhaps advocates can learn from civil rights activity or perhaps from the women's liberation movement. Advocates resemble civil rights leaders; they represent a minority population whose basic human rights and needs are often ignored. If the voice of this minority population is to be heard in the relentless flow of the political and bureaucratic stream, then advocates and handicapped citizens must organize and present a strong unified front. We cannot afford division among the rank and file of citizens who wish to bring about responsive governments. Two different approaches to bringing about accountability in human services are described below.

III. INTERNAL AND EXTERNAL ADVOCACY APPROACHES

Advocacy activity that interacts with the service delivery system and attempts to render human service organizations more responsive to the public has resulted in two viewpoints. One viewpoint contends that the only kind of advocacy that can possibly succeed is "external advocacy", or advocacy that operates on the human service delivery system from outside and is externally supported. A second viewpoint says that "internal advocacy", or advocacy that is supported internally and works from inside the system, is a superior advocacy approach. An attempt is made below to analyze the strengths and weaknesses of internal and external advocacy.

1. Internal Advocacy

An internal advocate is an advocate who is paid by the system in which he works. It is the contention of the internal advocate that the system needs reform and renewal and that this can be accomplished most effectively by activity from inside the system. The internal advocate is committed to identifying individuals whose rights and needs are not being met by the system in which the advocate is employed. The advocate's work

consists of activity aimed at changing the system to be responsive to the client and his needs.

Concerning style, internal advocates first try to negotiate with service providers and bureaucrats. Confrontation is avoided if possible. There are many critics of internal advocacy who contend that it cannot work.

"Whose bread I eat, his song I sing," or "It's hard to bite the hand that feeds you," observe the antagonists of this approach. The major concern with the internal approach is that when system maintenance or staff interests conflict with client needs, the internal advocate will compromise the interests of the client. Ideally, an advocate would always negotiate for the full interest of his client. It should be pointed out that when a person fails, or chooses not to promote the best interest of a client and gives way to demands from the system - at that point a person ceases to be an advocate. It is this author's belief that there is no person who is a "pure" advocate, that is: one who can completely and always invest himself exclusively in the welfare of another.

To the extent that an advocate can resist being co-opted by the system, there are some strong advantages to advocating from inside the system. For example, advocacy aimed at accessing services for a client often requires detailed knowledge of the system, its organization, and its resources. That information is much easier to acquire from within the system. Similarly, accurate data concerning program weakness and human abuse to clients can be obtained most readily from inside the system. Another advantage to internal advocacy is that financial support is likely to be relatively stable. With a stable financial base, advocates are enabled to concentrate on the work of advocacy without needing to be concerned with financial survival.

2. External Advocacy

In contrast to "internal advocates", consider "external advocates" who receive support from private sources that are outside the human service system and are not accountable to persons in the system in which they are advocating. The "external advocate" tends to be viewed as an adversary of the system. There is a further tendency by the external advocate to consider the system and all of its parts as evil. When insensitive system arrangements are encountered, they are inclined to promote system dismantling. "External advocates" are prone to think that negotiation is a waste of time and move quickly to confrontation. It is the "external advocate's" reputation for confrontation and dismantling that earns them the identity of a system adversary.

The primary advantage of external advocacy is its independence from the system. The external advocate is much less likely to be co-opted or "cooled out" by the system. Whereas the power of the "internal advocate" relies upon the advocate's ability to negotiate with elements in the system, the "external advocate" can resort to force, intimidation and coercion. The external advocate can call upon the threat of courts, exposés

through the public media, and pressure from public groups such as parent organizations to bring about change and influence in the system. Internal advocates would run the risk of losing their jobs if they threatened their organizations with external coercion. Thus, if an advocate is forced to resort to confrontation, it is an advantage to be outside of the system or have external financial support.

The great disadvantage of the external advocate is the likelihood of limited access to the environments or programs in which the clients are served. External advocates must often rely upon information that is reported to them from other sources. To the extent that an advocate is unable to collect information personally, information upon which they base their actions may be vague, misleading or even faulty. Nothing is as sure to erode the credibility of an advocate more quickly than false data. A cardinal rule for an advocate is to act only upon reliable information that can be verified. The use of unreliable data results in advocates that are reminiscent of Don Quixote of old: they know the basic issues but they don't know the enemy. Hence they find themselves bending their lances on the wrong objects.

While a large bureaucracy has a tendency to corrupt its membership and alienate them from individual clients who need service, it is this writer's belief that there are many properly motivated persons in the system whose sensibilities to client needs have not been blurred. These "good" persons in the system might be called natural advocates. External advocates with an adversary perspective tend to view the system and all of its parts as evil. Therefore they are prevented from discovering and relating to the natural advocates. With no connections or allies in the system, the advocate will be rejected as surely as a human body rejects the transplant of someone else's heart.

Another disadvantage of external advocacy is its tendency to be financially unstable. Where does an external advocate go for support? There are sufficient connections between the various parts of the human service delivery system such that it is unrealistic to expect complete freedom. For example, suppose a state advocacy organization obtained federal funds to operate its program. Let us further suppose that the advocacy organization took steps to initiate a law suit against a state agency. There are sufficient connections between the various levels of the bureaucracy so that an advocacy organization funded in this way may be prevented from exercising its freedom to pursue a law suit. In this sense, an organization using government resources of any kind cannot be viewed as external, because programs supported by resources from different levels of the system are clearly subject to co-option due to connections between different parts of the system.

For an advocacy organization to be truly external, its support would necessarily come from a private source. However, it has been the writer's experience that advocacy activity is often too controversial to attract funds from private organizations. Recognizing the limitations of using resources from advocacy from the system, this author recently approached a private foundation for some support. The advocacy proposal was carefully examined,need for the activity was acknowledged, but the proposal was

rejected due to its controversial potential. This particular foundation wanted an activity like apple pie and motherhood, grits in the South, hockey in Canada, crumpets in England, or hamburgers in America. Activity that would always result in good public relations. Advocacy activity is often controversial. Thus, external advocacy designs have few sources to call upon for financial assistance and their financial support may be unstable.

In addition to unstable financial support, external advocacy programs are often faced with the problems created by temporary leadership. Persons who provide leadership for external advocacy programs tend to be highly charismatic individuals who depend largely upon part-time employees or volunteers. The internal advocate is likely to recognize that activity to bring about system renewal must be ongoing. Permanent internal arrangements should be established for this purpose. In contrast to the permanent ongoing nature of internal advocacy, external advocates tend to define advocacy in terms of a specific issue or problem. External mechanisms with short term limited goals are then created to solve the problem that is often over simplified. When the problem is solved, appears to be insoluble, when financial support runs out, or when the leader vanishes, the activity is dissolved.

A final disadvantage of the external adversary approach is that an advocate is vulnerable to becoming so caught up in the process of struggling with the system and counter forces, that the interests of individual citizens and clients are forgotten or ignored. In this writer's opinion, the legal advocate is particularly vulnerable at this point. In an attempt to win a decision in the courts, the welfare of an individual client may be sacrificed for months or even years. When an advocate becomes entangled in the web of system adversary, it is entirely possible to grow preoccupied with the fight. The end becomes winning against the system; perhaps system dismantling. To the extent that system adversary activity loses sight of the welfare of individual clients, one can make the point that system adversary is not advocacy. This writer suspects that there are times when organizations deliberately set themselves up for attack in order to distract advocates from the client-centered mission of advocacy. Courage is an admirable trait. However, system adversaries who have an inflated belief about the bureaucratic obstacles they can move remind one of a terrier chasing a locomotive. What can the terrier do with a locomotive when it is caught? Again, a system adversary or a lone advocate trying to effect massive system change may be analogous to a gnat straining at a camel. Advocates need to be more than a trivial annoyance in someone's hindquarters.

In order to maintain an accurate perspective on internal-external advocacy, two points should be kept in mind. First, external advocacy was defined in this paper as activity that received its support from private sources that are outside the human service system and not accountable to persons in the system in which they are advocating. There are very few advocacy programs across the country that meet this definition of advocacy. There are, however, a growing number of advocacy programs that receive public resources from one organization in the human service system, and conduct their advocacy work in another part of the system. In reality, such an advocacy program is internal, even though they may

call themselves external and behave according to the external model described above. Internally funded advocacy mechanisms that adopt an external adversary style usually have a short life. This may partially account for the high mortality rate of advocacy programs. A second point that should be kept in mind concerning the description of internal and external advocacy is that in order to provide a clear description of two different approaches, the viewpoints have been polarized. Most advocacy programs are a mixture of the two designs. It is the author's belief that advocacy organizations would be in a better position to understand their strengths and weaknesses and successes and failures if they made an assessment of their programs according to the internal/external models decribed above.

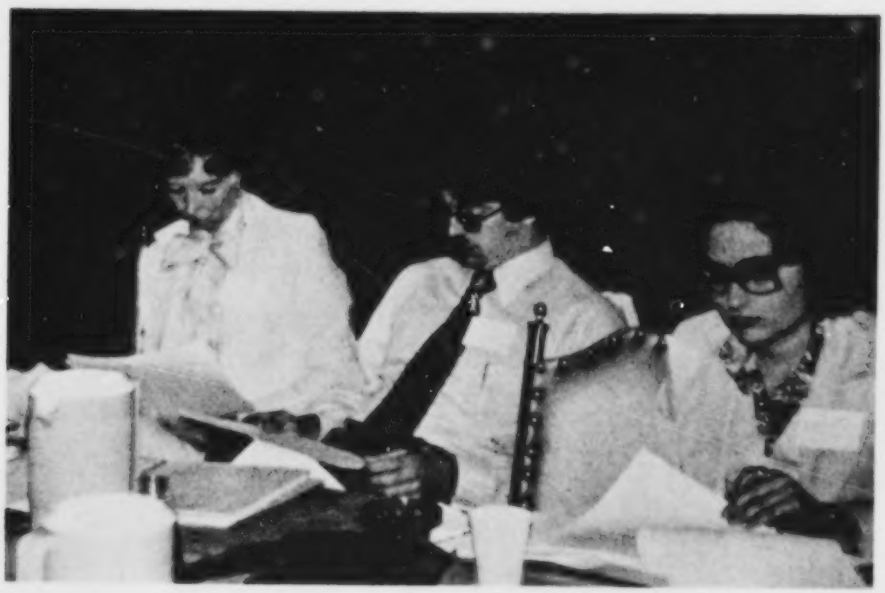
IV. ADVOCACY THAT WORKS

It is the author's belief that an ideal advocacy program should combine internal and external forces in order to be successful. Thus, an advocacy program should look toward the private sector for support. While activities may take place in the environment from which the advocate gets paid, the internal advocate must have access to external support. For example, in an institution an advocate may look toward a human rights committee for support. Such a committee would include a number of consumers and parents of consumers who are not employees of the institution. At the level of state government, organizations known as Councils for the Developmentally Disabled Citizens are logical advocacy mechanisms. In theory, the composition of a Council for the Developmentally Disabled has all of the ingredients of an excellent advocacy mechanism. Councils for the Developmentally Disabled include state agency staff, service providers and consumers. Internal advocacy components include agency staff and service providers. The external advocates are the consumer representatives.

State agency staff, however, cannot be considered advocates if they come to the Council representing their agency, the Governor, or some political party. In many states key administrative positions are filled due to political patronage. Political loyalities can and often do blur the advocacy mission of a Council. In some instances service providers on the Council use the Council as a forum to obtain resources for their geographic region or for their specific programs. The consumer representatives on the Council are in a unique position to prevent vested interests by state agency personnel and service providers from taking over the mission and agendas of the Councils. Furthermore, assuming that state agency staff and service providers are natural advocates in the system, consumers can provide protection for them and work toward depoliticizing the human service delivery system. The appointments of staff in the human service system should be based upon their work and experience, not upon their political alliances. It is recognized that as internal advocates, state agency staff and service providers are limited in their ability to confront the system. Adversary roles should be undertaken by the consumers on the Council rather than allowing the internal advocates to engage controversial assignments and thereby place their jobs in jeopardy. While the success of a Council as an advocacy mechanism depends upon the involvement of consumers on the Council, consumers are not immune from

co-option. As members of consumer organizations, consumers may obtain grants from state or federal coffers to run their programs. In so doing they may be selling their birth rights as external advocates. Consumer organizations should be careful to avoid this dilemma. A second problem surrounding consumers on the Council has to do with their membership in a specific consumer organization. Some consumers behave as if they are on the Council representing a specific consumer organization such as the Association for Retarded Citizens or the United Cerebral Palsy Association, etc., etc. The advocacy mission of a council is likely to be strengthened if consumer representatives would view themselves as advocates for all disabled citizens. In the author's mind, Councils for the Developmentally Disabled have the potential of functioning as an ideal advocacy mechanism. This will happen only if there is a coalition of all the interest groups indicated above.

Finally, it is this author's belief that the struggle of advocacy programs and the struggle of Councils for the Developmentally Disabled are part of a much larger struggle. If advocacy and Developmental Disabilities Councils fail to render the human service delivery system accountable to our citizens, what are the implications of this failure for the principles of democracy? If administrators in local programs can't tolerate accountability, if state agencies can't be open and responsive, and if federal officials do not answer to the public, it is the author's belief that government of, for and by the people is a myth. There is too much at stake to allow the concept of advocacy and the mission of Councils for the Developmentally Disabled to fail.

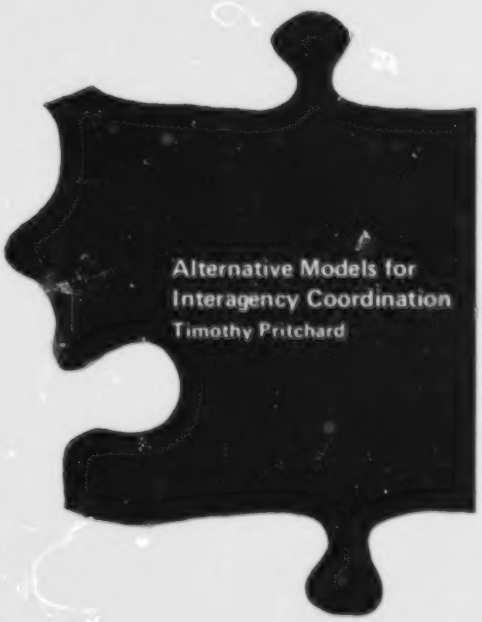


References

Paul, J.L. and Neufeld, G.R. "Child Advocacy: Principles and Procedures," in B. Saunders (ed.), Approaches with Emotionally Disturbed Children. Hicksville, N.Y.: Exposition Press, 1974.

Paul, J.L., Neufeld, G.R., and Pelosi, J.W. Child Advocacy in the System, Syracuse, N.Y.: Syracuse Press, (in press).

Paul, J.L., Stedman, D.J. and Neufeld, G.R. (eds) Deinstitutionalization: Implications for Policy and Program Development, Syracuse, N.Y.: Syracuse Press (in press).


Alternative Models for
Interagency Coordination
Timothy Pritchard

The text of the following chapter was presented at the Johnston-Lee Service Integration Project Conference. It is in its original format and provides a very sensitive and sincere overview of the desire of a local agency director to coordinate services.

ALTERNATIVE MODELS FOR INTERAGENCY COORDINATION

Coordination is a word that has been around a long time in human services. Everyone seems to see the need for it, but it is seldom achieved to the degree that everyone wishes. This conference is focusing primarily on services to the preschool handicapped child and his family. Nowhere in North Carolina have we seen a clearer example of a lack of coordination than in the services to this particular population.

Several weeks ago I was asked to speak to the Legislative Commission on Children with Special Needs. What I told them I now repeat. Legislative action and administration follow-up have been marked by "good intentions". Bills are passed that mandate much needed and admirable services, but the money to implement them is not appropriated. Administrations come and go. That's to be expected. However, with each new administration come new priorities and programs that instead of building on past accomplishments often drop farther back than ever to start over again. All done with good intentions, I hasten to add. Yet those who suffer are our children who face this cycle of rising hopes, then disillusionment!

In spite of all that, one fact remains that you and I are aware of - coordination and cooperation can't be legislatively or even administratively mandated. Neither promises nor threats seem to make it happen. The answer lies right here at the local level! We must want to cooperate! We must commit ourselves to coordination and make it happen here first.

Many methods and models of coordination have been tried. Some of them might have worked or maybe will work in your local community.

For the next few minutes I would like to present a brief description of some of those models. Then I want to suggest a possible framework for your local planning sessions following immediately.

One of the first models to be used in an effort to coordinate agency resources was the Interagency Council Model. (Chart 1) It has potential for being really effective, but in many cases falls short of expectations.

This model is characterized by the formation of a group made up of representatives from community agencies and child-related groups.

The purpose often is to improve interagency communications, help identify children's needs, locate gaps in services and advocate for changes when judged necessary. Usually this group has no authority of its own, but depends on the "good-will" of the participating agencies to effect change.

The group's effectiveness is tied directly to the degree of individual commitments, and abilities of the agency representatives.

A variation on this theme is the use of Interagency Councils to do case reviews and treatment planning. Such a model was used in the early

1970s by O'Berry Center in many of its service counties to screen applicants and secure services for residents returning to the community. However, the same inherent weaknesses may be found in this variation as in the original model. One thing which does give it strength is its task orientation. This tends to focus energies and promote a spirit of cooperation.

The second model is a Single Portal of Entry Model. (Chart 2) The key person or agency here is the local ombudsman or broker. Parents in this local area, be it a county or other defined geographic area, would be made aware that the way to access children's services is through this one agent.

The ombudsman, an administrative isolate, then helps the parents decide what services are needed for their child. When a clear single need or set of needs exist that are appropriate for a certain community agency, then direct referral is made to that agency who delivers the service and provides follow along.

If, on the other hand, there are questions as to the definition of the problem and the needs of the family, they will be referred to a center for differential diagnosis and development of a treatment plan. Parents and professionals here then make the decisions about the most appropriate community agency, and referral is made. This diagnostic and planning agency may be either local or regional but most of the remedial or treatment services need to be community based.

The diagnostic center on making the referral to a community agency must communicate the intervention plan and offer consultation in its implementation.

Where walk-ins for single services do occur at community agencies such services should be assured. However, if questions as to appropriateness arise, referral to the diagnostic and planning center should be made.

On every case moving through the system the ombudsman is kept informed by a feedback mechanism to him. This feedback serves an evaluative function in informing that ombudsman of the efficiency, effectiveness, and overall impact of the system. The ombudsman would be always in the role of advocate for the child and family in their attempt to access services.

Close and continuous communication must occur between the ombudsman office and the diagnostic and treatment services. Community awareness of system function must be maintained at a high level. Mutual accountability among various system components is a must. The integrity and success of this model depend to the greatest extent on community-wide commitment to make it work and to participate fully in it.

A variant of the Single Portal of Entry Model is the Lead Agency Model (Chart 3). This model utilizes the services of an already existing community agency to provide intake, assessment, referral, follow-up, and coordination services. It also utilizes a Children's Services Council

to generate policies and formulate plans for the system. Another significant difference is the degree to which the Lead Agency assumes long term follow-up responsibility on cases as compared to the episodic follow-up by the ombudsman characteristic of the Single Portal of Entry Model.

The utilization of Regional and State Resources is still possible in this model, but the degree of local autonomy is usually greater in this system because of the use of an established agency and the council.

A model similar to this one is being used by the Human Support Services now being piloted in some North Carolina counties.

Occasionally a community will see the use of a "Special Project Model" of coordination and integration of services (Chart 4). The main characteristics of the model are:

(1) One agency takes responsibility for overall coordination, the marshalling of resources, and provision of consultation services to the agencies involved.

(2) The project is time-limited and goal-specific.

(3) Lends itself well to research efforts because of the central data collection point.

Such a project was designed and coordinated by Dr. Mary Kilburn at the Raleigh Developmental Evaluation Center (DEC) in 1975-76 (Chart 5). The study involving 134 four-year-old children in Wake County also involved the parents of a number of the children, 12 volunteers from the Junior League of Raleigh, 8 day care centers in the Raleigh area, and both clinical and screening staffs of the Raleigh DEC. The purpose of the study was to evaluate the effect of four different intervention strategies on the cognitive development of the four-year-old children in the day care centers. The developmental data generated by the Prekindergarten Screening Program were used as a basis for curriculum planning.

As can be seen on the chart, the DEC provided the project design and the research design to evaluate the effort. It also provided training, supervision, and consultation for those involved in the project.

One result was a high level of commitment and cooperation among various community resources. Especially important was the use of trained, supervised volunteers which required no additional funding for staffing. It also confirmed the worth of curriculum-centered day care experiences for four-year-old children.

The single most significant finding was that children identified as developmentally delayed profited most by the intervention method of using a highly structured diagnostic teaching program. This is true even though all the children in the screening-informed day-care improved significantly above normal growth expectations. Other methods of intervention were not as effective with those seen as developmentally delayed.

Further information on that study is available from Dr. Kilburn at

the Raleigh Developmental Evaluation Center, 10 Sunnybrook Road, Raleigh North Carolina.

There are many other models that are being used with variable success. Though I can't possibly list them all, there are three others that I will mention briefly.

One which is being used in Wake County with much success is that of a staff sharing arrangement. Several programs have identified staff deficiencies and have pooled resources to secure a number of staff members who are rather equally shared among the programs. This particular inter-program team operates under an amalgamated board made up of members from the various programs' boards. This takes a high degree of coordination and communication and the whole relationship is built on trust and the belief that each program really cares about the needs of the others.

Another method that has improved interagency cooperation in recent years is that of developing written agreements between two agencies. Overall coordination in a multiple agency setting is missing from this approach; however, it does get specific on ways in which each agency will provide services in relation to the other agency.

A third example briefly stated is that of a Human Development Center Model. These Centers have opened in several communities across the country. In them are located representatives from many human services agencies. They offer a comprehensive array of services. However, these centers seem to be most successful when they keep their focus on a narrow target population rather than trying to be all things to all people.

We are familiar with the first step in a program plan - "The Needs Statement". Historically these needs statements have centered around a particular disease, disability, or other problem that the child had. This approach led to the high degree of specialization we see today. This approach is basically a disease or pathology model. The medical profession provides the best example. In pediatrics there is cardiology, neurology, hematology, urology, orthopedics, endocrinology, and many more. The child has a strange way of becoming what his disease is - he is a leukemic or an epileptic. This same phenomenon was so apparent recently on the Cerebral Palsy Telethon where Dennis James in his own enlightened manner said, "Now here we have two adult CPs". I wondered what had happened to the <u>people</u> who had the cerebral palsy.

All this just illustrates how agencies have developed. There is one for the autistic, one for the emotionally disturbed, one for the hearing impaired, and on and on. Not only does the child become what his disability is, but the agency becomes that too, such as the autistic center, the mentally retarded center, or the hearing impaired class.

When these different agencies try to get themselves coordinated it isn't hard to see what happens. If the child clearly fits into one neat category, things are fairly simple. However, if he should be unfortunate enough to have two or more needs, the agencies do all but dissect the child in an attempt to serve him. In the process the agencies get them-

selves in a terrible snarl trying to protect that part they call theirs. The mental image this creates for me is terrifying - but not nearly so much as it is for the parent trying to get help for his child.

In the last few years almost every agency and group in the state serving children has compiled resource profiles. The profiles turn out to be voluminous. There is plenty of information about each program listed, but there seems to be no clear communication among the programs which would inform of overlaps, gaps, and redundancy. Many of the profiles list the agencies by the problem they address.

I would like to suggest that we reduce our labelling activities on both our children and our agencies; that we look at needs that most children have at some time during their young lives and use these needs as a basis for coordinating services (Chart 6).

For example, we know that every child needs good health care. By health care I mean care of the total child and his immediate environment. The intensity, frequency, and duration of that care will vary from child to child. For one child it will mean episodic checks to make sure all systems are "go". For another it may mean continual surveillance.

This differing need level is something that must be determined early and reassessed throughout the developmental period. This assumes the need for a screening mechanism to be installed in a community that would assure every child access to the child care system. The screening would give initial information on the child's need state.

At the point immediately following the screening, other needs may be revealed. In some cases further diagnostic work may be necessary to thoroughly differentiate the child's need. An intervention plan may be drawn up and initiated or consultation services may suffice.

It's important to see here that we are not dealing with categories of children or agencies but with system functions that must be in place and operating in order to provide adequate care.

Another important aspect of this approach is the built-in appreciation for the developmental needs of the child. There are critical points in his early development that may need extra attention: birth, initiation of connected speech, locomotion, entrance into group care or education. We must not fail to offer additional support at these stress points and others.

Lest we fall back into an old trap it's important to see that we do not classify an agency by the disability it addresses or by a simple function such as screening, diagnosis, treatment, etc. Instead we must recognize that many agencies serve many functions and it is with this in mind that our effort to coordinate becomes really interesting.

If we consider one function (screening) we must determine who is involved in performing that function for the community. When and how is the screening being done? For what are the children being screened? Do all the programs performing screening functions make a net without holes?

The same procedure can be followed with any function performed in a community. Once it is determined what functions are necessary to the proper care of children then we assess what is already in place.

The model for taking these two steps needs to be created locally so as to fully utilize local capabilities. Once these steps are taken and gaps and overlaps are revealed, a unified approach must be taken to extend the functions or curtail the functions performed by individual programs. This takes sacrifice, commitment, trust, and a whole lot of initiative to make it happen.

Whatever the model used to do a functional analysis of your community and to plan for future programming, basic to it all is a well developed system of communication that allows a free flow of data among all parties concerned. Decisions must be based on thorough and accurate information.

I have deliberately not chosen a "best model". That is your decision. I have suggested a conceptual approach that may sound simple, but isn't. It may also sound like something you have heard many times before. I suggest it out of my own belief that children are our greatest resource and anything we can do to clear their paths of barriers and insure their well being I want to do it.

INTERAGENCY COUNCIL MODEL

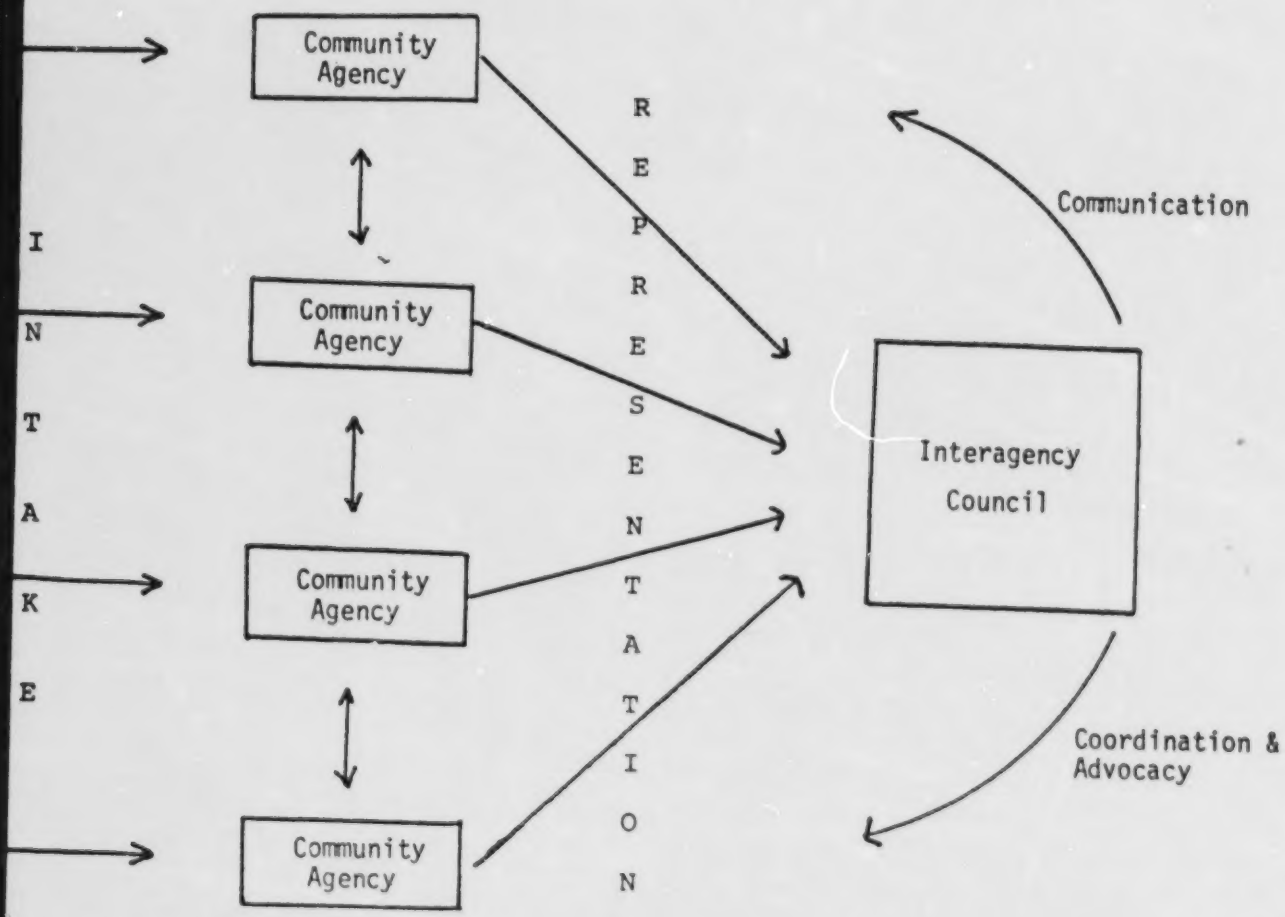
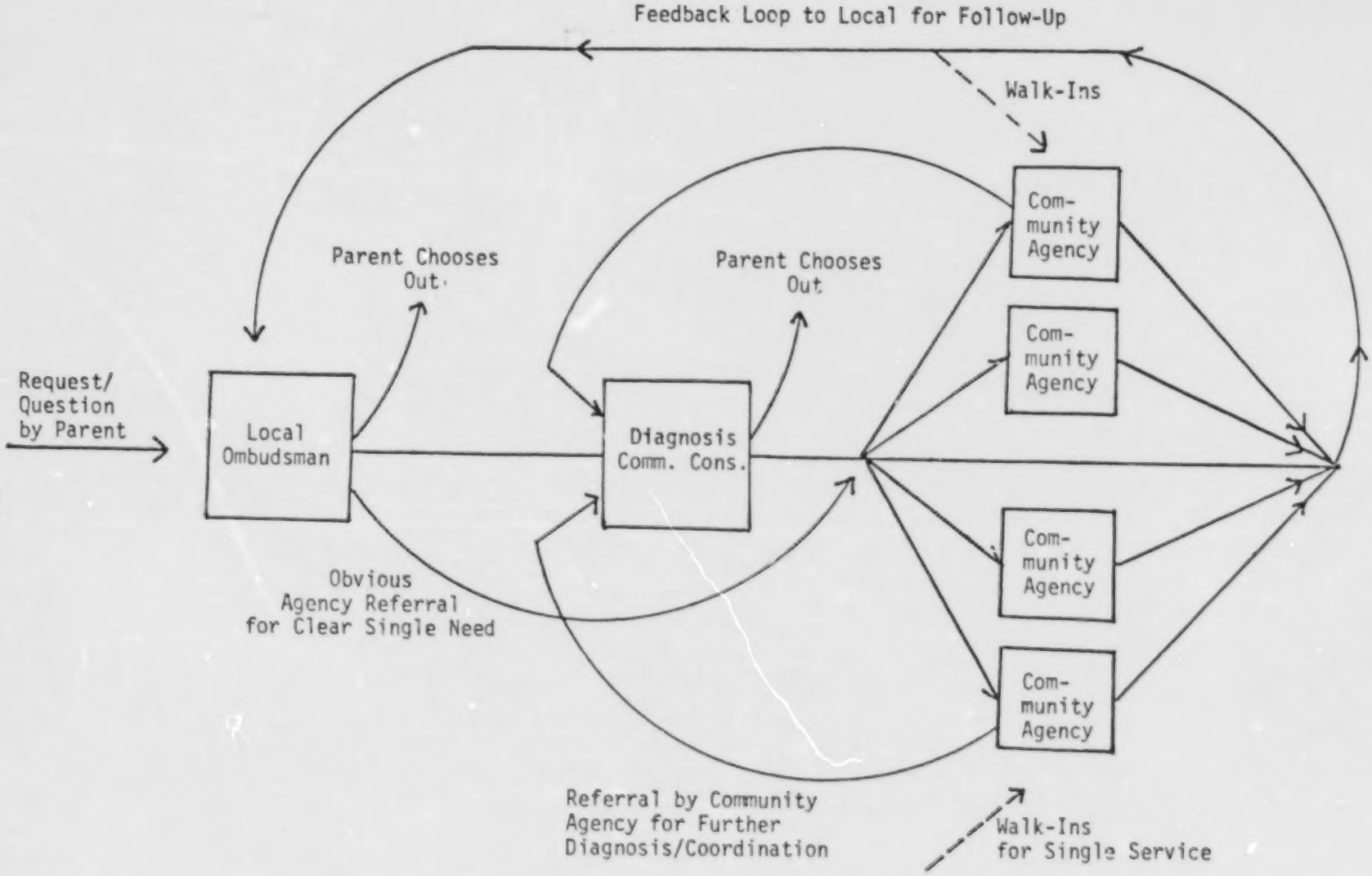


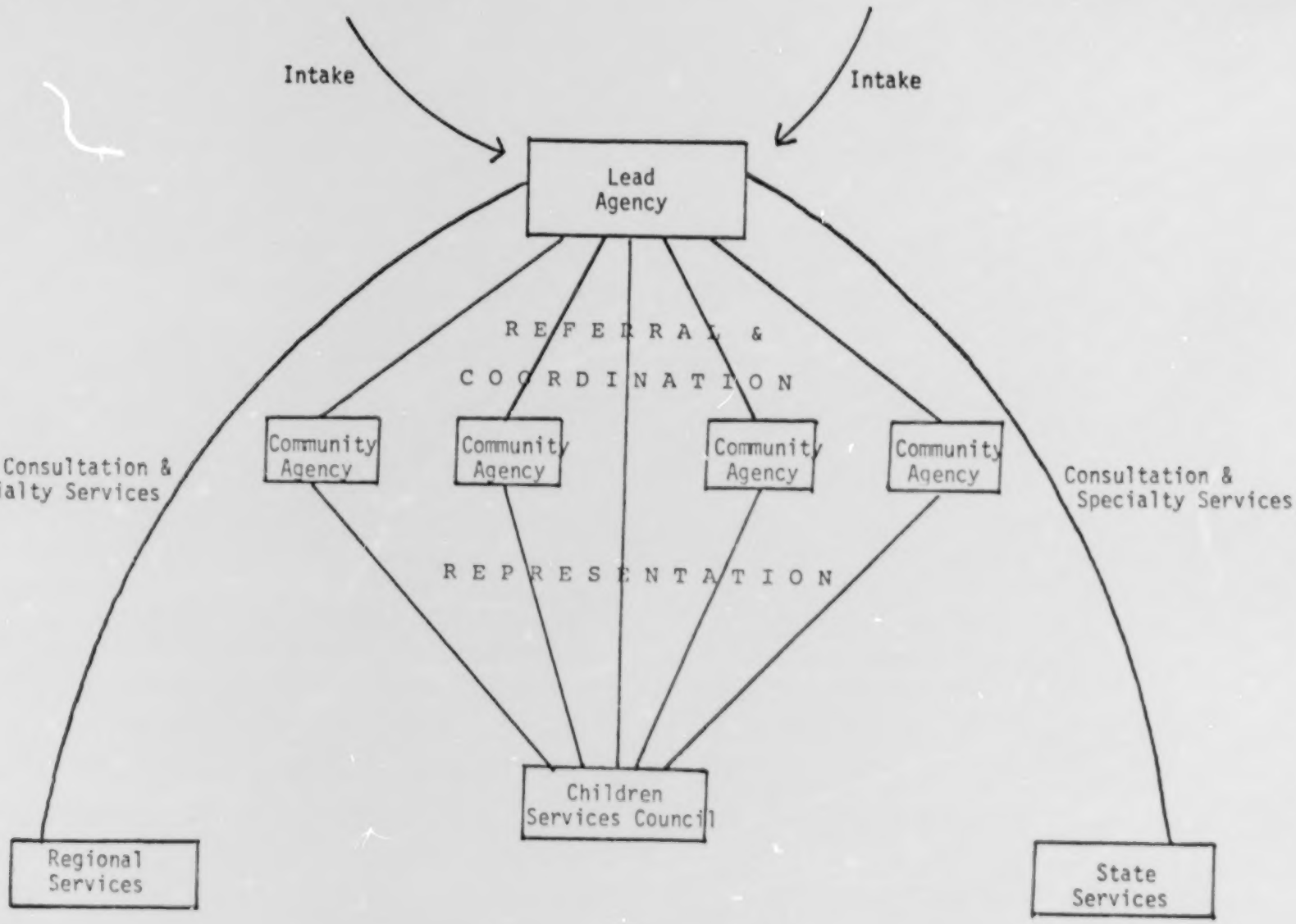
CHART 1



SINGLE PORTAL-OF-ENTRY MODEL

CHART 2

(Pritchard and Kilburn, 1976)



LEAD AGENCY MODEL

CHART 3

SPECIAL PROJECT MODEL

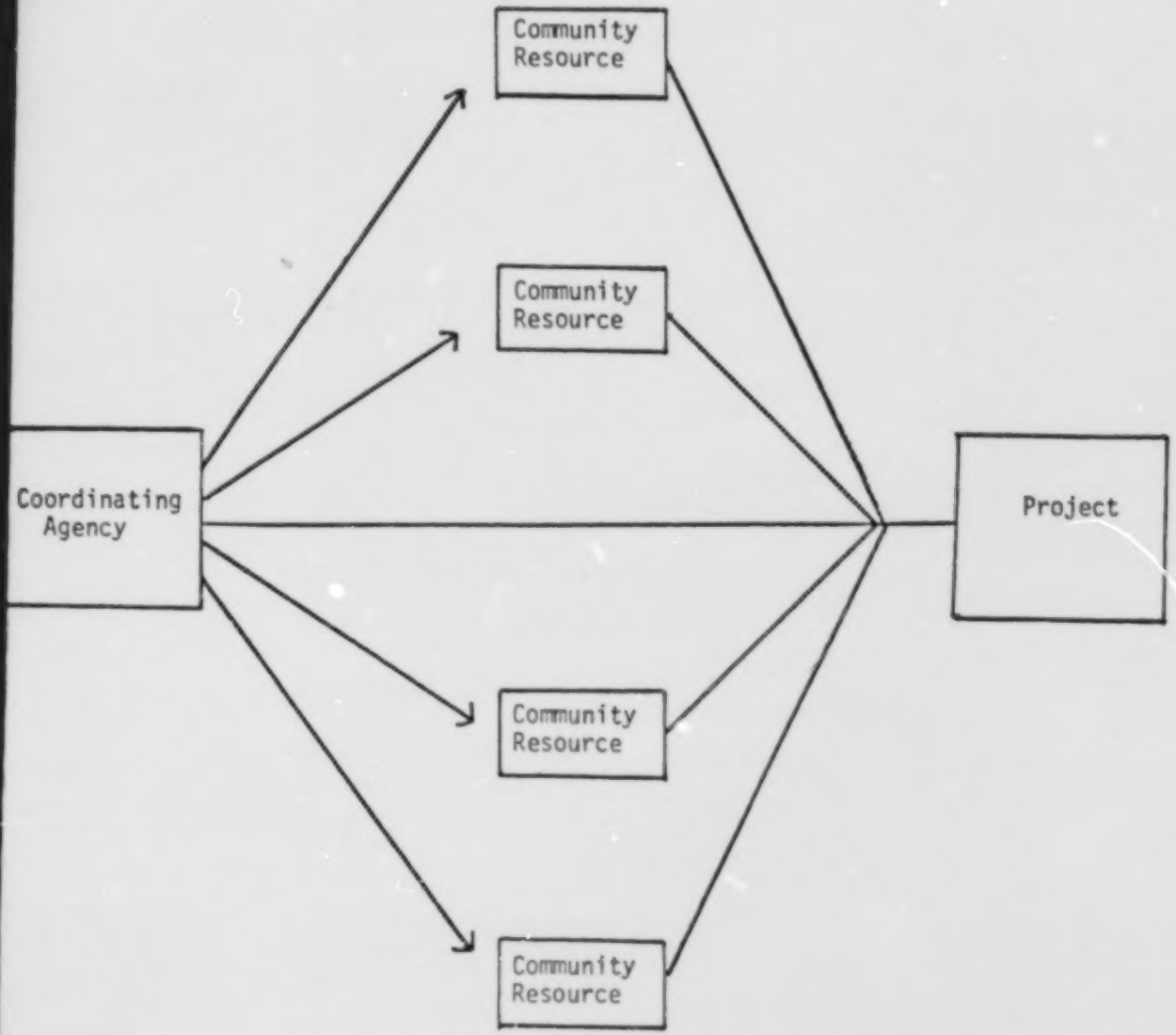
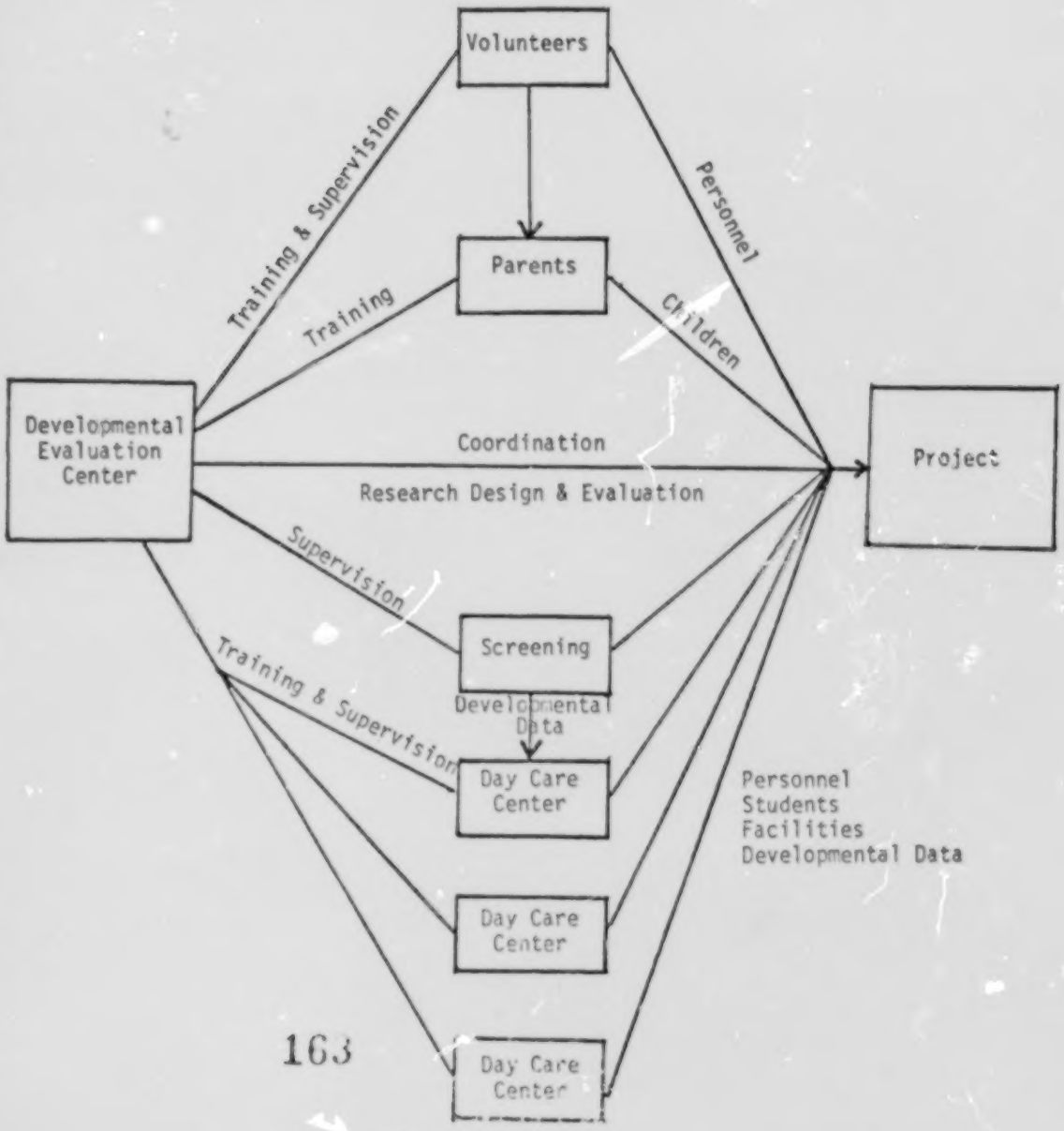


CHART 4

SPECIAL PROJECT MODEL
(Raleigh, DEC)



AGENCY/FUNCTION MATRIX

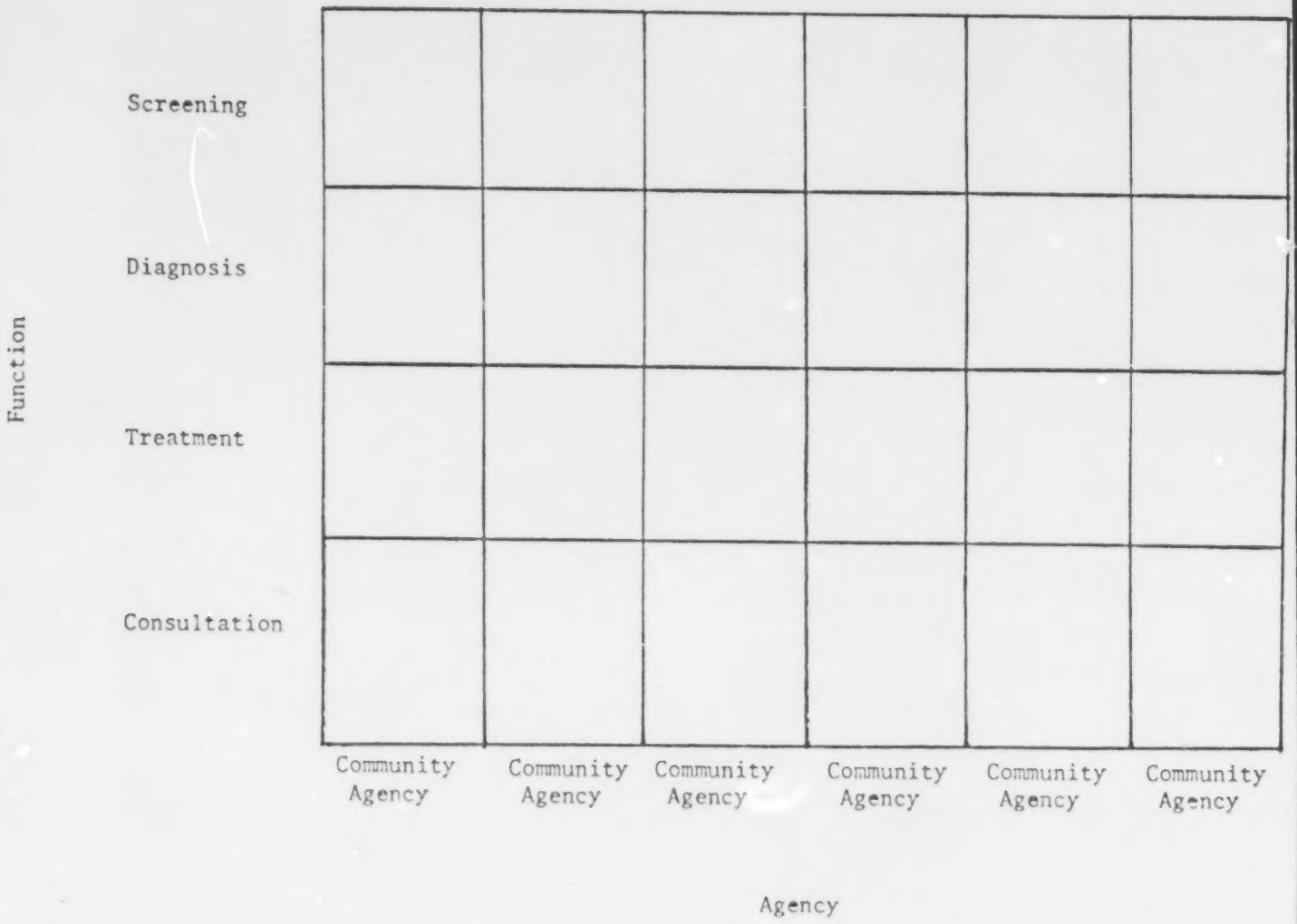


CHART 6

REFERENCES

Kilburn, Mary B., "Community Intervention Including Developmental Evaluation Centers, Day Care Centers, Volunteers, and Parents in Follow-up of Four-Year-Old Screening". (Unpublished Dissertation) Raleigh, N. C., 1976.

Kirk, Phillip J. Jr. and Phillips, A. Craig. "A Proposed Human Support Services System For Children". (Administrative Guidelines) Department of Human Resources and Department of Public Instruction, Raleigh, N. C., 1976.

The Collaborative
Process for Service Integration
Joan M. Bartel

THE COLLABORATIVE PROCESS

A basic component of each SIP conference was the collaborative process. Building relationships between organizations is facilitated by a set of systematic principles and procedures for collaboration. This requirement raises a number of questions about collaboration. How is it defined? What principles govern successful collaboration? Are there a set of procedures or a process common to all collaborative endeavors?

Collaboration: A Definition

Collaboration requires at minimum two or more agencies to undertake a common task. It may be a short or long term task, a simple or complex one. It may involve joint utilization or agency resources although not necessarily. It may or may not involve sharing or exchange of staff or facilities. It may or may not involve special funding.

Although collaboration may take a variety of forms, it must involve a common goal. Two or more agencies must share the same mission, a mission which is within the scope of both agencies' general mission. Without a common goal, collaboration is impossible. Coordination might be achieved among agencies with differing goals by defining the boundaries of each's activity and achieving a mutual understanding of the differences between each's roles. Working together is only possible where there is a common goal.

So, having a common goal is one main component of the definition of collaboration. A second element of the definition is a shared commitment to the goal and the collaborative relationship. Both agencies must express their commitment to each other in negotiating a collaborative relationship. The expression may be oral or written, but it must be mutually understood in a way that generates the confidence of both agencies. Again, this is in contrast to coordination in which agencies share in understanding of the differences between their commitments and therefore seek to align them in order to achieve a harmonious relationship.

Although commitment may be adequately expressed in a simple verbal exchange, it may be better expressed by a statement of each agency's investment and expected payoff from the collaborative enterprise. When each agency can identify benefits of value to itself, it establishes a firmer and more credible commitment.

A third component of the definition is an investment of agency resources. The agencies must share not only common goals and commitments but also a mutual investment of resources to complete the task. Both agencies must contribute either personnel, time, materials, facilities or money to the effort. Without an investment of resources, participating agencies can be no more than endorsers of the effort.

For example, if several agencies have committed themselves to the goals of a conference and given their letters of support, but only one agency's personnel plan, direct and implement the conference, then the

other agencies have endorsed the conference but have not sponsored it collaboratively. At times endorsement is a more appropriate form of cooperation, but it should not be confused with collaboration.

An additional component of the definition is shared decision making and leadership between two or more autonomous agencies. Decision making and leadership for the project must be shared in order that each agency maintain control of its own contribution and does not suffer any loss of power vis a vis the others. This component may identify the greatest challenge in collaborative undertakings. Although mutual participation in setting project goals is a relatively simple process, sharing decision making throughout the day-to-day activities of the project poses a serious challenge to creative leadership.

Joint evaluation is also a component of collaboration. In a collaborative enterprise, all parties have an equal prerogative to judge the effectiveness of the project and of the quality of the collaboration. If a formal evaluation is undertaken, all parties should participate in planning and implementing it.

In summary, collaboration is a relationship between two or more individuals or agencies in which the parties share common goals, mutual commitments, share resources, decision making and evaluation responsibility.

Principles of Collaboration

In relationships between organizations there are certain conditions which lead to more effective collaboration. Collaboration is a complex process and the principles outlined here are by no means exhaustive. They are a start in understanding conditions which promote more effective working relationships.

1. Meaningful cooperation requires commitment based upon the expectation of mutual advantage.*

Commitment was incorporated in the definition above but note here the emphasis placed in this principle on mutual advantage. Both parties to the collaboration must reasonably expect the relationship to be to their advantage. They must stand to gain something which would be unattainable without the collaborative relationship.

2. Cooperative endeavors are strengthened by involving all community-wide institutions, agencies and services in the implementation of a systematic development plan.

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* All these principles are taken from Gary Nohrstedt's chapter in Partners for Educational Progress, an Analysis of Cooperation -- Importance, Status and Principles, Examples and Action Programs edited by Frank W. Markus. Metropolitan School Study Group and Mid-Continent Regional Educational Laboratory, Kansas City, October, 1967. ED 015541

This does not mean that it is always advisable to involve everybody but only those agencies whose work is related to the mission of the contemplated collaboration. Because of the overlapping roles of numerous community agencies, most endeavors could reasonably involve a fair number of agencies. The wisdom of this principle lies in the fact that relevant agencies who are not involved are likely to become roadblocks to effective collaboration. It is far preferable to involve them as facilitators. Anyone who attempts to bring about change without them soon learns that the agency system is more highly coordinated and articulated than it frequently appears.

3. Goals should be operationally defined, mutually acceptable, and capable of attainment.

The implications of this principle are that goals must be negotiated between all parties. Preferably all parties should participate in writing them. Operational definitions are especially important for two reasons; first because the operational definitions are the basis for planning action steps, determining timelines, and, most importantly, determining the resources needed for the project. Secondly, the operational definitions form the basis for evaluating the project. Good operational definitions specify the who, what, when, why and where of the project. The operational definitions are also important because they help judge the third condition of this principle which is that of attainment capability. In the process of developing operational definitions an outline should define the data necessary for judging the achievability of the goals.

4. Success in the attainment of initial goals enhances the likelihood of continued cooperational endeavors.

Just as in the classroom, success in collaborative relationships is highly motivating. For this reason it is wise to choose modest goals especially in initial relationships where the formation and development of the relationship is a goal in and of itself.

5. When personnel, resources and funds are concentrated upon the attainment of a clearly perceived goal, both the impact of the endeavor and the likelihood of its success are strengthened.

The implications of this principle are obvious. Commitment of resources increases the general level of commitment to the project. And an orderly action plan enhances the likelihood of success. This principle also points out that collaboration, because it can bring to bear a larger pool of resources, can bring about a greater impact than can agencies working alone.

6. Coordination among the various agencies is essential if a developing plan is to become the basis for decisions.

Here is an illustration of the point made earlier in the discussion of the definition of collaboration. The principle assumes that participating agencies will play different roles in the collaborative activity. Therefore some mechanism for managing these complimentary roles must be included in the collaboration plans. This is the major task of the leadership of a collaborative project. Not only is coordination essential but so is participation of all parties throughout the "developing plan".

7. In any cooperative undertaking, sound decisions are dependent upon ready access to a wide range of dependable information.

Accessibility of information is important to any project but all the more so to a cooperative one, since joint decision making is greatly facilitated by the availability of relevant data. The leadership of a single agency project can manage much more easily on "guesstimates" than can the leadership of a joint project. Of course in either case this project is much more likely to be effective in an information-rich environment.

8. Cooperative endeavors should increase the power of each participant without sacrifice of autonomy.

This is one reason that the parties must establish the goals jointly and participate jointly in decision-making throughout the project. Cooperative endeavors frequently fall to dissension about power which is often perceived as reduced by a joint enterprise. It is well, however, to help parties to the project perceive their power as enhanced by the collaboration. A good analogy would be the power of an association as compared with an individual. With the right point of view, participants can appreciate how the project enhances their power.

9. Both the process and product of a cooperative endeavor are strengthened by recognizing that it must be a continuously evolving activity.

Like anything else worth doing, collaboration takes time - time to develop the collaborative relationship and, through it, time to develop the project's plans. Even with the most orderly and systematic development plan, the actual development of the project will more likely evolve in a series of recycled phases. Each phase will require continuous monitoring and reshaping by the staff of cooperating agencies before the plan develops into an authentic working relationship.

10. The work plans should be documented in a formal written commitment.

This last principle is an addition to the nine principles stated by Dr. Nohrstedt. Formal written commitments help all parties clarify their understanding of the relationship between the cooperating agencies. They serve as guidelines throughout the project and help to coordinate efforts of the project staff. Provision should be made for revising them regularly as details of the plan will change as the project develops. Provisions should also be made to effectively communicate those changes to all parties involved, perhaps through a formal renegotiation of the terms of the agreement whenever substantial changes are made. Considerable change can be expected, especially during the early phases. A standard format for these agreements helps make them clear, complete, and consistent among several collaborative relationships. A suggested format is included later in this chapter.

As was mentioned earlier, these principles are by no means exhaustive. Many more could be discovered regarding such things as the timing of collaborative endeavors, managing them and assessing the organizations' readiness for cooperation. These, however, provide a good beginning and a useful guide to the collaborative process.

A Collaborative Process

To be effective, these principles must be organized in a useful fashion. Some procedure must govern the development of cooperative relationships. As in the case of these principles, a collaborative process could incorporate any number or types of steps. This chapter presents and discusses one of the many possible models of the collaborative process.

The collaborative process described here was designed for use in the short time frame of one and two day conferences. This time limitation largely governed the extent to which the process model could be developed. The model is not meant to be exhaustive of the collaborative process but only a guide to the initiation of a collaborative relationship. In spite of its brevity and design for use in the conference setting, the model does encompass all of the initial phases of cooperation up to and including the development of formal written agreements.

The model is comprised of six steps:

1. Self-awareness
2. Sharing resource information
3. Sharing ideas
4. Planning
5. Forming commitments
6. Establishing continuing relationships

The steps provide for most of the requirements of the principles. In the description of the steps that follow, the application of the principles will be printed out whenever they are relevant. Each step in the process is accompanied by a form appropriate to its implementation. Together the set of six forms comprised a tool for planning collaborative relationships among small groups of agencies. Again, because they were designed for use in a limited time frame, the forms are somewhat abbreviated.

Self-Awareness

Before an agency decides to enter into a collaborative relationship, it should become aware of its own goals, activities, and resources. It is desirable not only to inventory one's own directions and assets for the sake of self-awareness and preparation for collaboration, but also for the sake of preparing to communicate these assets to other agencies with whom collaboration is contemplated.

The profile form included here is designed for developing the self-awareness of an agency serving young children. However, a very similar format would serve to describe a variety of agencies. With small modification the form might even be adapted to describe an individual.

This initial phase of developing self-awareness begins to generate some of the information which is needed to maintain collaborative relationships. The information is needed first of all to facilitate the decision of what types of collaboration may be appropriate for a given agency. It also

prepares information for developing work plans for any cooperative endeavor. From the profile, parties to the cooperative plan can judge what resources are available from each member for carrying out the work plan. The profiles can also be used to communicate to agencies outside the relationship the nature of the resources being committed to it.

Generally self-awareness puts each party to the cooperative relationship in a strong position to negotiate their respective role. It assures that each party is ready to negotiate. Usually the participating agencies will be represented only by a single or very small group of spokespersons. The self-awareness phase assures that they are prepared to represent their organization and have needed information handy for planning the collaborative endeavor.

Sharing Resource Information

Before agency representatives can develop ideas for collaboration, they must share a common awareness of their collective resources and needs. The process of sharing this information must not only allow for discussion and clarification but must also assemble the information in a way to reveal the collective resources and needs of the group. The form for this phase was designed as a handy device for quickly inventorying resource information about agencies serving young handicapped children. With different lists of resources, this form could be readily adapted to other kinds of agencies.

The collective resource information should be carefully discussed to make sure all participating agencies clearly understand the resources of the others. Terms must be defined and the scope of each resource clearly explained. An analysis of the collective resources should also be made to identify duplication of resources, complementary sets of resources, and resource gaps. All of these resource configurations present opportunities for collaboration.

The sample form also includes an assessment of needs. This simple needs assessment device provides a context for interpreting the resource information and also for providing data for identifying opportunities for collaboration.

Like the agency profile, the resource inventory begins to develop some of the information needed to support collaboration. The resource inventory form presented here is a gross oversimplification of the kind of resource information agencies need. It is, however, a handy device for making a quick inventory in a small group discussion setting. Considerable additional information is shared through group discussion as the inventory is made and interpreted. And even more information can be exchanged as collaborative relationships emerge.

Sharing Ideas

Once resource and needs information are shared, ideas for collaboration can be generated. At this stage consideration can be given to the forms of collaboration which are possible and/or desirable. One approach

to stimulating these ideas is to inventory all the forms of collaboration participating agencies have experienced.

The form for this step works on the same principle as the resource inventory form. In a round robin discussion format, previous experience with forms of collaboration are tallied for all the agencies represented in the group. Through discussion each of these collaboration experiences are described for the group, and through discussion questions are clarified. The form provides for selection of preferred forms of collaboration as well as those forms which have already been used. This feature stimulates discussion of possible forms of collaboration agencies might choose to use in the future.

Planning

This phase is the heart of the collaborative process. In the planning phase, goals are developed based on resources, needs, and previous collaborative experience. In this simplified procedure for the conference setting, it is assumed that goals will be a simple translation from needs. Because of the time limits, no attempt is made to develop formal goal statements or operational definitions of goals.

The simple plan incorporated in the planning form entails no more than a selection of the needs which the participating agencies have chosen as a focus for the collaboration; a list of the agencies to participate in the collaboration; a person responsible for follow-up; and a follow-up date. This is not itself a plan but a plan to plan.

A complete plan would include goal statements with operational definitions, a work plan including a timeline, and resource allocations. Such a plan takes considerable time, discussion, and additional information gathering to develop.

Forming Commitments

Once the initial plan (or plan to plan) is completed, the next step is making formal commitments among the participating agencies. Ideally, the work plan should be carefully enough worked out to include action steps and timelines before the initial agreements are negotiated. In spite of this requirement, the sooner formal commitments are established the better. Even though they may have to be changed many times, formal commitments should be made as soon as an initial work plan is drafted.

Formal commitments are the culminating point of the collaborative process. For the purpose of managing the collaboration, formal commitments serve as a guide to the staff about what to expect and who is responsible for what. For the managers of the participating agencies, the commitments are handy tools for resource allocation and planning. In common with written documents, they help maintain clear communication between all parties and serve to strengthen participants' commitment to the enterprise. They also serve as a convenient mechanism for staff of participating

agencies to secure the support of their administrative leadership. Additionally they serve as a good record of the progress of the collaboration.

Establishing Continuing Relationships

So far, the collaborative process model has considered only collaboration in the sense of commitments to specific projects. It has not considered the more general forms of cooperative relationships between agencies which share common missions. This final phase of the collaborative process focuses on this kind of relationship.

Agencies not only have an advantage in entering into cooperative ventures regarding specific projects but also in relation to their general operation. There is much to be gained by establishing a mechanism for permanent and general cooperation and coordination. Agencies seeking this kind of application may well find that many such mechanisms already exist and their task is to choose the one which best suits their needs. They may find regional planning councils, interagency task forces, advocacy groups, specialized planning commissions and associations. Or they may feel a special mechanism is needed to deal with their own unique interests.

In either case, they must perceive the advantage to themselves in participating in such a group and they must choose which group or groups to join. Referring back to our principles, they may choose to join the largest or most broad based group available on the grounds that such a group will do the most to strengthen their cooperative endeavors. Or they may choose to join or form a more specialized group because they believe that a particular issue is not getting adequate attention. They might also try to combine the advantage of a broad based group with a more specialized one by joining the larger group and forming a specialized task force within it.

This last phase is represented in the model as the last step and includes a form to guide the decision about joining some form of ongoing collaboration mechanism. This form is very simple and highlights the possibility of forming an advocacy group as one kind of coordination mechanism. Advocacy groups were seen as a distinctive mechanism for bringing about collaboration. The essence of this type of group is the participation of consumers and the representation of the consumers' point of view in any planning among agencies. The presence of consumers also adds a dimension of accountability to the agency plans and, hopefully, will stimulate collaboration plans that make the agency system more responsive to consumer needs. Parents and citizens have long been sought as members of advisory planning groups but, not until the advent of the advocacy movement, has their role been articulated.

The collaborative process model presented here is offered as a beginning to systematize the process of collaboration. Little is written on the process and it remains for the future to better define it and develop more refined process models. Even within this chapter it is clear that the process model does not yet encompass all of the principles

presented. Although these principles complement and do not conflict with the process model, they are not fully accounted for within it. On the other hand, the process model recognized some principles which were not articulated. Basically, we believe the principles and process complement each other and we hope that together they will lead to a more explicit model of collaboration.

In our complex and increasingly democratic society more and more of the tasks before us will require collaborative efforts. We will need an ever clearer understanding of collaboration and the conditions which make it effective. We may even identify and need to develop skills in collaboration. Perhaps ideas and training can be borrowed and adapted from the realm of interpersonnel relations or group dynamics research and training. Perhaps we can learn from our failures as well as our successes. In any case, if the complexity of our society is not to become a burden or roadblock, our organizations must become increasingly active and skilled collaborators.

APPENDIX

CHAPTER IX

THE COLLABORATIVE APPROACH TO SERVICE INTEGRATION

A PROCESS MANUAL FOR COLLABORATIVE PLANNING

GOALS

1. To extend your knowledge of services for young handicapped children.

2. To identify opportunities to improve service delivery through collaboration.

3. To plan continuing collaboration mechanisms on the local level.

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Ms. Linda Lasley	Developmental Disabilities/ Technical Assistance System

Using the Guide

This guide lists the activities and objectives of this conference and includes the materials you will need to participate in group activities. Please read through it carefully so you will be familiar with all the activities and materials. This is a WORKING conference so please note the things you are expected to do in each PARTICIPANT ACTIVITY. Throughout these activities, you will be a member of a small group comprised of representatives of agencies in your local area. We hope you will find this experience both informative and helpful in coordinating services in your area.

Evaluation

These materials and activities are being developed as part of a model program. Your appraisal of them and especially your comments and suggestions will play a major role in the final design of this program. We would very much appreciate your rating and comments on each activity.

Space is provided in your guide to rate each activity. Please rate each activity as soon as it is completed using this scale.

How well did this presentation or activity meet its objective(s)?

1 = poorly 2 = moderately well 3 = very well

A general evaluation of the conference is also included at the end of the activity schedule. When you leave your group, please give your rating and general evaluation to your group leader.

Group Reports

At the end of the conference your small group leader will collect Agency Profiles and Collaborative Worksheets to include in your group's report. A copy of this report will be sent to the selected coordinator of your group. The rest of the materials you may keep for your information.

Collaborative Agreements

On Day Two your group will begin work on formal agreements for collaboration. Time does not permit completing them here. We encourage you to continue working on them and complete them as soon as possible after the conference. We would very much appreciate it if you would share with us any agreements you complete so we can include them in our final report.

We are looking forward to working with you for these two days and hope it will be very profitable for you and the children you serve.

PROCESS STEP 1
SERVICE INTEGRATION PROJECT
PROFILE OF RESOURCES FOR YOUNG HANDICAPPED CHILDREN

GROUP NUMBER:

AGENCY NAME: _____

ADDRESS: _____

_____ _____ PHONE _____

Ages Served (circle all applicable) 0 1 2 3 4 5 6 7+ ADULTS

HANDICAPS SERVED

___ Blindness
___ Visual Impairment
___ Deafness
___ Hearing Impairment
___ Physical Handicap
___ Multiple Handicap
___ Learning Disability
___ Speech Impairment
___ Mental Retardation
___ Emotional Disturbance

PROGRAM GOAL:

BRIEF DESCRIPTION OF SERVICES: CONTACT PERSON

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

6. _____

_____

7. _____

_____

8. _____

_____

COUNTIES SERVED:

(OVER)

CURRENT COLLABORATIVE ACTIVITIES:

Names of Participating Agencies	Types of Collaboration (Please check all applicable)									
	a	b	c	d	e	f	g	h	i	j

TYPES OF COLLABORATION:

a) Consultation
b) Training
c) Direct Service
d) Information Exchange or liaison
e) Staff Sharing
f) Client Recruitment
g) Client Placement or referral
h) Sharing physical facilities, equipment or materials
i) Joint Projects or conferences
j) Other

CURRENT INTERAGENCY OR ADVOCACY GROUP MEMBERSHIP:

Name of Group: _____

Contact Person: _____

Address: _____

_____

FUNDING SOURCE: ____% State ____% Federal ____% Local ____% Private

FEES: ___ Fixed ___ Sliding Scale Other (specify) _____

SERVICE NEEDS:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

PROCESS STEP 2
SERVICE INTEGRATION PROJECT
SERVICE RESOURCES AND NEEDS

GROUP NUMBER

AGENCIES	SERVICES																							
X = Services you offer O = Services you need XO = Both Agency Names	Counseling	Screening	Diagnosis	Education	Evaluation	Follow-up	Referral	Personal care	Protective legal-social	Recreation	Staff Training	Transportation	Treatment	Equipment	Instructional Materials	Day Care	Foster Care	Parent Training	Staff Needs Assessment	Management	Educational Planning	Financial Assistance	Health Assistance	Public Relations

PROCESS STEP 3
SERVICE INTEGRATION PROJECT
COLLABORATION HISTORY AND PLANS

GROUP NUMBER

TYPES OF COLLABORATION

X = Currently or previously used

O = Interested in using in the future

XO = Both

Agency Names	Consultation	Training	Direct Services	Info Exchange	Staff Sharing	Client Recruitment	Client Placement	Sharing Facilities	Joint Projects	Other	

Your local group coordinator will return this to you after the conference.

PROCESS STEP 4
SERVICE INTEGRATION PROJECT
COLLABORATION WORKSHEET

GROUP NUMBER _____

AGENCY NAME _____

SERVICE NEEDS	TYPES OF COLLABORATION	RESOURCE AGENCIES	CONTACT DATE	CONTACT PERSON

INSTRUCTIONS

1. Select and record the service need this agreement is related to.

2. Indicate the type(s) of collaboration planned by placing a check in the appropriate blanks.

3. List the action steps planned, the name of the person responsible for each action step, and the target date for each action step.

4. Add the signatures of the authorized representative of each participating agency.

5. Distribute one copy of the signed agreement to each representative and mail one copy to SERVICE INTEGRATION PROJECT, Chapel Hill Training Outreach Project, Lincoln Center, Chapel Hill, N.C. 27514

Service Integration Project
Chapel Hill Training-Outreach Project
Lincoln Center - Merritt Mill Road
Chapel Hill, North Carolina
27514

PROCESS STEP 5
SERVICE INTEGRATION PROJECT
COLLABORATIVE AGREEMENT

I. SERVICE NEED:

II. TYPE OF COLLABORATION: (Check all applicable)

____ Consultation	____ Staff sharing	____ Sharing of physical facilities, equipment or materials
____ Training	____ Client recruitment	____ Joint project or conference
____ Direct Service	____ Client placement or referral	____ Other
____ Information exchange or liaison		

III. ACTION STEPS:

	RESPONSIBLE PERSON	PERFORMANCE DATE

IV. PARTICIPATING AGENCIES:

Agency Name	Location	Representative	Date

(SEE REVERSE FOR INSTRUCTIONS)

PROCESS STEP 6
SERVICE INTEGRATION PROJECT
COLLABORATIVE PLANNING SHEET

GROUP NUMBER ___ ___

General Goal

There is an expressed need for more structured collaboration in order to serve young children with handicaps. The general goal of this planning meeting is to determine the most productive method for structuring collaboration. Several alternatives exist for collaboration. These may include developing a task force which will meet regularly or joining an existing interagency or advocacy group or forming a new interagency or advocacy group.

1. What type of collaboration mechanism do you think will best meet your needs?

___ Task force
___ Interagency Council
___ Advocacy group
___ Other (specify)

2. Counties served: _____

_____

3. Is there an existing interagency or advocacy group in your area which can respond to your group's program and service needs?

Yes ____ No ____

If yes, record the group name and contact person below.

Group Name _____

Contact _____

Address _____

_____

4. Can your group best meet its program and service needs by ...

___ Joining the group named above?
___ Forming a new group?
___ Other (specify)

5. Meeting Schedule:

___Once a year
___Twice a year
___Three times a year
___Four times a year
___Six times a year
___Monthly
___Weekly

6. Next meeting date: _____ 7. Location: _____

8. Coordinator's name: _____

Address: _____

_____

_____

9. Coordinator's Role:

___ Chair meetings
___ Announce meetings
___ Obtain facilities for meetings
___ Prepare agendas
___ Report minutes

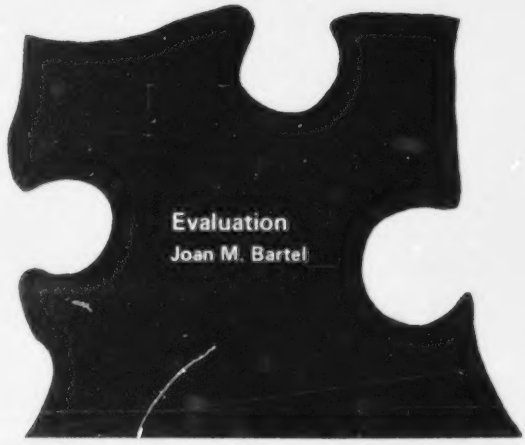
10. Basic Goals of group:

11. Agency Membership:

Name	Agency

12. Consumer Membership

Name	Nominated By	Handicapped person	Parent	Advocate


Evaluation
Joan M. Bartel

EVALUATION

Introduction

The Service Integration Project was designed as a model demonstration program of which evaluation was an important dimension. Every phase of the project was to be assessed in order to aid decision-making and to form the basis for total project evaluation. Evaluations of advisory task force meetings and planning meetings were primarily formative in nature; i.e., designed to be used by the project staff to develop the process and to make improvements in procedures as the project proceeded. Evaluations of the conferences were summative in design and are reported here. Instruments used for all components of the evaluation will be found in the appendix.

II. The Evaluative Plan

The evaluation was divided into three phases: (1) needs assessment; (2) conference evaluation; and (3) follow-up. The needs assessment corresponded with phase one planning which served to establish a context for developing activities and to determine a baseline for measuring the extent of needs fulfillment. The conference evaluation served to assess the effectiveness of the conferences. The third part, follow-up, consisted of a survey of the conference participants and nonparticipants to assess the impact of the conferences.

The various parts of the evaluation make possible a variety of perspectives on the Service Integration Project. These perspectives are best expressed in the form of questions: What were the service needs of Head Start programs in North Carolina? How well were these needs met? What were the goals and objectives of the SIP conferences? How well were these goals and objectives met in each conference and in all conferences? What were the outcomes of the SIP project?

III. Needs Assessment

In the planning period from July through October, an assessment of the needs of Head Start programs in North Carolina was conducted in cooperation with the Chapel Hill Resource Access Project. The assessment focused on the training, technical assistance and direct service needs of the programs. An instrument was developed based on Office of Child Development performance standards for each component of the Head Start program. The list of performance standards was edited for appropriateness for the instrument, and this allowed adjustment of the set of questions to reveal the level of service needed to meet the standard. The instrument assessed each need on a five-point scale with each point defined in terms appropriate to each standard.

The assessment instrument with instructions for completing it was presented to the North Carolina network of Specially Funded Handicap Coordinators in a workshop in August. Subsequent to the workshop, the Specially

Funded Coordinators contacted each Head Start program in their respective cluster and completed the assessment in personal interviews.

Data from the completed assessments were tabulated in two forms, one summarizing the direct service needs for each cluster and the other inventorying all needs in terms of the definition of each scale point. This first tabulation was used in SIP planning meetings to stimulate discussions of all agencies' needs in each cluster. Additional needs assessments for each cluster were conducted during each planning meeting by a round-robin group discussion process. The results of these needs assessments were used in planning conference agendas.

A third needs assessment was conducted at each SIP conference as a part of the small group process. This assessment was conducted by a round-robin discussion technique of a service resource matrix in the small group meetings at each conference. This assessment was conducted primarily for the benefit of the small group meeting participants at the conferences and not for the evaluation of the project. These data are included in this report.

IV. Conference Evaluation

Representation of Participation

Rationale

One representation of the most important variables in the evaluation of the conferences was participation. Although numbers alone do not tell the story of the effectiveness of the conferences, participation plays a large part in their success. The representation of a wide variety of agencies gives us some insight into the impact the conferences are likely to have.

Data

The participation statistics were compiled from invitation listings and registration records from each conference. Both invitees and registrants were classified by type of agency they represented for the purpose of compiling these statistics.

The tables on participation indicate participation in each conference and for all conferences. They also show attendance as a percentage of invitations, and evaluation as a percentage of attendance. In the breakdown by type of agency, all figures reflect percentages of invitations.

Results

Participation dropped dramatically after the first conference in spite of a sizeable increase in invitations. However, participation in small group meetings increased dramatically and the number of evaluations submitted increased somewhat. The drop in participation can be attributed primarily to the institution of a conference registration fee. This fee may have had the salutary effect of attracting only the most committed people to the

conference. Generally, evaluations of the latter three conferences were more positive. (See appendix.) The increase in small group participation was due mainly to a change in conference organization that resulted in using small groups throughout the conference rather than just during one session as was done at the Greenville conference.

With respect to agency participation, Head Start, Office for Children, Mental Health Centers, and Developmental Evaluation Centers represented generally the bulk of the participants. In spite of numerous special efforts, there was no success in increasing the participation of public health agencies or consumers.

TABLE 2

SIP CONFERENCE PARTICIPATION (ALL CONFERENCES)

Participant Group	# Invited	# Attended	% Invitees Attending
Developmental Evaluation Centers	23	19	83%
Head Start	141	110	78%
Office for Children	20	12	60%
Mental Health	85	31	36%
Social Services	72	18	25%
Public Schools	154	35	23%
Higher Education	42	08	19%
Miscellaneous	543	52	10%
Public Health	71	05	07%
Consumers	133	09	06%
Students and Visitors		40	
TOTAL	1277	344	27%

*26 Agency types comprise the 11 subcategories above; i.e., Developmental Day Care Centers are categorized under Mental Health; Miscellaneous would include such agencies as state residential facilities, libraries, volunteer organizations, etc.

KEY:

Participant Group ----------Agency category for conference participants

Invited ----------Total number of persons invited from agency category

Attended ----------Total number of persons attending from agency category

% Invitees Attending ----------Percent of total persons invited who actually attended the conferences

Knowledge Gains

Rationale

One of the two major goals of the SIP conferences was to increase participants' knowledge of state, federal, and local resources. It was felt that knowledge of resources was a prime prerequisite to increasing or improving utilization. Knowledge consisted of knowing not only of the existence of the resource but also enough about that resource to recognize opportunities for collaboration and coordination.

Data

The data on knowledge gains were determined through a questionnaire at each collaborative conference. A copy of the questionnaire is in the appendix. Four questions dealt with knowledge gains and the responses to all of them were measured on three-point scales. Because pretest was impossible, the questions inquired about gains directly and did not attempt to infer gains as would be done in pre-post-test designs. The responses to these questions are presented under three headings in Table 2: (1) conference activities; (2) conference emphasis; and (3) knowledge types. For each item on the questionnaire mean (average) scores are given. These represent the results for each conference on a three-point scale, where 3.00 is the highest possible score and 1.00 is the lowest.

Results

The data in Table 3 represent the evaluative responses of conference participants to the content design of SIP collaborative conferences. An average response to items for individual conferences is represented, with an overall average of four conferences (total number) indicated in the final column. The scale represents mean scores in a range of 1.00 to 3.00.

TABLE 3

SIP PARTICIPANTS' RESPONSE TO CONFERENCE CONTENT

KNOWLEDGE GAINS	Conference Locations and Dates				
	Greenville 12/14-15/76	Boone 2/17-18/77	Burlington 3/1-2/77	Fayetteville 4/27-28/77	All Conferences
A. Conference Activities					
Speakers	2.11	2.86	2.88	2.76	2.65
Exhibits	2.20	2.06	2.07	1.39	1.93
Handouts	2.07	2.20	2.10	2.37	2.19
Films	1.45	NA	NA	NA	NA
Groups	1.91	2.33	2.50	2.17	2.23
Conversations	2.18	1.93	2.38	2.10	2.15
ALL ACTIVITIES	1.98	2.28	2.42	2.16	2.23
B. Conference Emphasis (2.00 = optimum level) on Resources					
Federal	1.59	1.06	1.86	1.85	1.59
State	1.59	1.47	1.93	1.93	1.73
Local	1.55	1.40	1.69	1.98	1.66
TOTAL	1.58	1.31	1.83	1.92	1.66
C. Knowledge Types					
Collaboration Plans	2.30	2.07	2.48	2.44	2.32
New Resources	1.84	1.53	2.48	2.07	1.98
Resource Use	1.89	1.67	2.12	2.34	2.00
Collaboration Opportunities					
Service Coordination	2.09	2.00	2.02	2.22	2.08
Collaboration Need	2.25	2.27	2.64	2.51	2.42
Child Need	1.84	2.13	2.74	2.37	2.27
TOTAL	2.08	1.96	2.42	2.33	2.19

KEY: 1 = below average 2 = average 3 = above average NA = not applicable NE = not evaluated

* For each item on the questionnaire, mean (average) scores are given. These represent the results for each conference on a three-point scale, where 3.00 is the highest and 1.00 is the lowest possible score.

Conference Activities

Rationale

These measures were designed to assess the relative effectiveness of various components of the conferences. With the exception of films which were featured only at the Greenville conference, generally all the conferences had the same components. The conference designers used this data during the project to make adjustments in the organization of the conference features.

Data

All of these items were measured on a three-point scale with one (1.00) being the lowest possible score and three (3.00) the highest. The question was: "How much did each of the following conference activities add to your knowledge of state, federal and local resources? 3 = Very Much; 2 = Some; 1 = Little or None." Each respondent selected one optional response for each activity and the data presented here indicate the average of those choices.

Results

Generally, the speakers were rated as the strongest feature of each conference. Only at the Greenville conference was this not the case. Also, except at Greenville and Fayetteville, the small group meetings were rated the second strongest feature. Overall, the activities were rated a strong 2.23, which is a rating of high moderate level of knowledge gain overall. This rating is confirmed by the knowledge types data which show a very similar overall rating of the conferences.

TABLE 4

PARTICIPANT RESPONSE TO CONFERENCE ACTIVITIES

Knowledge Gains Conference Activities	Conference Locations and Dates: Greenville 12/14-15/76	Boone 2/17-17/77	Burlington 3/1-2/77	Fayetteville 4/27-28/77	All Conferences
* 1) Speakers	2.11	2.86	2.88	2.76	2.65
2) Exhibits	2.20	2.06	2.07	1.39	1.93
3) Handouts	2.07	2.20	2.10	2.37	2.19
4) Films	1.45	NA	NA	NA	NA
5) Groups	1.91	2.33	2.36	2.10	2.15
6) Conversations	2.18	1.93	2.38	2.10	2.15
ALL ACTIVITIES	1.98	2.28	2.42	2.16	2.23

* Means on 3 point scales except as otherwise noted NA = not applicable NE = not evaluated

QUESTION: How much did each of the following conference activities add to your knowledge of state, federal and local resources? 1 = Little or None 2 = Some 3 = Very Much

Conference Emphasis

Rationale

An array of multi-level resources were presented at the conferences. To assess the balance of these resources the following question was included in the conference evaluation questionnaire: "How much emphasis was put on the three types of resources? 3 = Too Much; 2 = About Right; 1 = Too Little."

Data

Again respondents rated this item on a three point scale, but unlike other three-point items the optimum score was 2.00. Three points represented an overemphasis and one point an underemphasis. Again, the results are presented as averages of all the respondents' ratings.

Results

Generally, there was a marked underemphasis on all three types of resources - federal, state, and local. This underemphasis was most severe for federal resources and least severe for state. All participants wanted more material in all categories. In a sense this is an indication of a substantial degree of success in the presentations when participants declare they want more and almost never ask for less. A rating of "too much" was very rare.

TABLE 5

SIP PARTICIPANT RESPONSE TO LEVELS OF CONFERENCE RESOURCES

	Conference Locations and Dates				
Knowledge Gains*	Greenville 12/14-15/76	Boone 2/17-18/77	Burlington 3/1-2/77	Fayetteville 4/27-28/77	All Conferences
Conference Emphasis (2.00 = optimum level)					
Federal	1.59	1.06	1.86	1.85	1.59
*State	1.59	1.47	1.93	1.93	1.73
Local	1.55	1.40	1.69	1.98	1.66
*Total	1.58	1.31	1.83	1.92	1.66

* Means on 3 point scales except as otherwise noted. NA = not applicable NE = not evaluated

KEY: 3 = Too Much 2 = About Right 1 = Too Little

Gains in Knowledge

Rationale

An evaluation of knowledge gains served several purposes. One was as a reliability check on the evaluation of the conference activities. Comment has already been made on the high degree of reliability (i.e. agreement of results) found among these items. Another purpose was to assess knowledge benefits to conference participants and how that knowledge was related to improvements in collaboration and/or coordination.

Data

Two questions were used to gather these data: "How much will the knowledge gained help you plan collaboration more effectively? 3 = Very Much; 2 = Moderately; 1 = Very Little." And, "How much did the conference help you gain each of the following types of knowledge: knowledge of resources I was unaware of; how to use resources more effectively; knowledge of new opportunities for collaboration; how to coordinate with other agencies' programs; greater awareness of the need for collaboration; greater awareness of the kinds of services handicapped children need. 3 = Very Much; 2 = Moderately; 1 = Very Little." Both questions were rated on a three-point scale.

Results

The greater awareness for need for collaboration was the leading category of knowledge gain overall. This was expected as there was a strong presentation focused on this issue at every conference. New resources showed relatively low gains. Resource use and service coordination were both "how to" types of information on which the conferences made no direct presentations, but it was hoped that participants would gain from interaction with other representatives. As is shown under conference activities, informal conversations were indicated to be a particularly strong feature of the conferences. Collaboration opportunities received a fairly high rating and probably reflected the outcome of small group meetings.

TABLE 6

SIP PARTICIPANT RESPONSES TO TYPES OF KNOWLEDGE GAINED AT CONFERENCES

Conference Locations and Dates					
Knowledge Gains * Knowledge Types	Greenville 12/14-15/77	Boone 2/17-18/77	Burlington 3/1-2/77	Fayetteville 4/27-28/77	All Conferences
*Collaboration Plans	2.30	2.07	2.48	2.44	2.32
New Resources	1.84	1.53	2.48	2.07	1.98
Resource Use	1.89	1.67	2.12	2.34	2.00
Collaboration Opportunities	2.32	2.07	2.43	2.34	2.29
Service Coordination	2.09	2.00	2.02	2.22	2.08
*Collaboration Need	2.25	2.27	2.64	2.51	2.42
Child Need	1.84	2.13	2.74	2.37	2.27
Total	2.08	1.96	2.42	2.33	2.19

* Mean on 3 point scales except as otherwise noted. NA = not applicable NE = not evaluated

KEY: 1 = Very Little 2 = Moderate 3 = Very Much

Development of Collaboration Mechanisms

Rationale

The second major goal of the SIP conferences was the development of mechanisms for collaboration. Three different elements of collaborative mechanisms were presented. The first was the advocacy approach to service integration. Chapter VII provides a detailed explanation of this approach. The second element was a group process. This was a procedure used to facilitate systematic group discussion and planning. The third was the collaborative agreement, a device for establishing formal written commitments to collaborative activities.

Data

A series of three to four questions on each element of the collaboration mechanism was included in the conference evaluation questionnaire. Generally, the questions sought to establish the prior acquaintance of participants with the mechanisms, the assessment of their value, their protection of future use of the mechanism, and their assessment of the conference presentations on each element.

Results

A much larger proportion of the participants than expected were acquainted with the advocacy approach. This proportion was so high that the conference focus was changed from one of establishing advocacy groups to strengthening existing groups. The value of the group process was rated so highly that considerable investment was made in strengthening that feature of the conference. Generally, the collaborative agreement device had a very poor showing. This could be attributed to its presentation at the end of the conference when attrition was high.

The Advocacy Approach

Rationale

A major presentation at each conference was on the advocacy approach to service coordination. The goal of this presentation was to stimulate the development of advocacy groups as a mechanism to promote service coordination and collaboration. One outcome desired of this presentation was a commitment to the value of advocacy. A major difficulty in measuring this outcome was the existence of attitudes toward advocacy formed prior to the conference on the basis of previous experience with advocacy activities. This problem was dealt with by adding a question on the participants' previous experience with advocacy.

Data

Four questions made up the data for this segment of the conference evaluation. (1) "How much can a local advocacy council contribute to improving the delivery of services to young handicapped children in your

area." (2) "Does your agency currently participate in a local interagency or advocacy group?" (3) "How familiar were you with the advocacy concept before this conference?" (4) "How clearly was the advocacy concept presented at this conference?" Questions one (1) and four (4) were rated on three-point scales, question two (2) on a two-point scale, and question three (3) on a four-point scale.

Results

Generally, the value of an advocacy group was rated very high except at the Boone conference where, in spite of a high level of knowledge, the concept was rated substantially less favorably than at other conferences. The value seemed to decline in relation to the presentation also. In other words, the less favorably the presentation was received, the less value was placed on the advocacy concept by the participants. This generalization however must be interpreted cautiously since the variation in the ratings of the value of advocacy and the presentation are very small. Generally, the presentation was received very well. The level of participation in advocacy and/or interagency groups was very high. On the whole it would have been difficult to increase these groups' knowledge of the advocacy concept very substantially considering their degree of knowledge and experience.

Group Process

Rationale

The group process feature of the conference served two purposes. The first was to help conference participants become acquainted with the resources in their own geographic area. The second was to demonstrate a procedure for orderly management of small group discussion and planning for services integration. Because of the high degree of emphasis placed on the small group activities at the conferences, the conference evaluation also focused on this process in more detail.

Data

The small group process was evaluated with four questions at all the conferences except Greenville, where five questions were used. They were: (1) "How useful do you feel the group process would be in organizing or strengthening a local interagency or advocacy council?"; (2) "How familiar were you with the group process before this conference?" (asked only at Greenville because a well-known group planning procedure was used. The question was dropped at later conferences because a new, individualized procedure was substituted.); (3) "How clearly was the group process presented?"; (4) "Do you expect to use this process or any part of it in the future?" and (5) "As a result of the demonstration and handouts, do you feel you could lead this process?"

Results

Except at the Boone conference, the group process was given very high ratings. Although not known, the probable reason for the low rating at the Boone conference was the limited variety of agency representation which inhibited meaningful group discussion. Generally, the conference presentation on the group process was weak. This did not, however, seem to interfere with the effectiveness of the process itself, which was dependent upon handouts and group leadership for direction. Again, except for the Boone conference a strong interest in future use was expressed. Only to a moderate extent were participants convinced that they could lead the process. It is interesting to note that the well known procedure used in the Greenville conference showed a substantially stronger commitment to future use than did the new procedure designed for the rest of the conferences.

Collaborative Agreements

Rationale

The collaborative agreement, (a written commitment to a collaborative relationship), was the third and final collaboration mechanism presented at the conferences. Several dimensions of the collaborative agreement were explored. The participants' estimate of its value, their current use of written agreements, and their assessment of the presentation on collaborative agreements were all accounted for in the conference evaluation.

Data

Three questions were used to assess the effectiveness of the conferences in presenting the concept of the collaborative agreement. (1) "How useful will the collaborative agreement be in improving the delivery of services to young handicapped children?" (2) "Does your agency use written agreements to obtain or coordinate services with other agencies?" (3) "How clearly was the collaborative agreement procedure presented?" All three of these questions were rated on three-point scales with 1.00 representing the least assistance, 2.00 representing moderate assistance, and 3.00 representing very much assistance.

Results

The data indicate that the collaborative agreement component proved to be the weakest feature of the conferences. However, the "use" data (showing a relatively low level of use) suggests that there is room to bring about substantial change in agencies' habits of documenting their collaborative relationships; and, participants' ratings of the value for the agreement segment suffered most from scheduling at the end of a very crowded agenda and from the absence of a more formal presentation.

TABLE 7

SIP PARTICIPANT RESPONSE TO USE OF COLLABORATIVE MECHANISMS

Development of Collaborative Mechanisms	Conference Locations and Dates: Greenville 12/14-15/77	Boone 2/17-18/77	Burlington 3/1-2/77	Fayetteville 4/27-28/77	All Conferences
A. Advocacy Approach					
Value	2.48	2.20	2.50	2.51	2.42
Participation (2 pt. scale)	1.41	1.67	1.71	1.76	1.64
Knowledge (4 pt. scale)	2.93	3.14	3.02	2.88	2.99
Presentation	2.57	NE	2.62	2.51	2.57
B. Group Process					
Value	2.48	1.87	2.74	2.59	2.42
Knowledge (4 pt. scale)	1.86	NA	NA	NA	NA
Presentation	2.00	1.80	NE	2.54	2.11
Future Use	2.55	2.07	2.48	2.44	2.39
Leadership	2.16	1.80	2.12	2.05	2.03
C. Collaborative Agreements					
Value	1.93	2.00	2.29	2.54	2.19
Use	NE	1.80	1.98	1.80	1.86
Presentation	1.93	2.13	1.90	2.46	2.11

* Means on 3 point scales except as otherwise noted. NA = not applicable NE = not evaluated

KEY: 1 = Very Little 2 = Moderate 3 = Very Much
(For complete statement of questions, please see general evaluation in the appendix of this chapter.)

Follow-Up Study

At the conclusion of this year's project two general surveys were conducted to summarize the accomplishments of SIP participants during the year. The first survey was of the Specially Funded Coordinators in each Head Start cluster to determine their general conclusions regarding the SIP activities. The second survey was conducted in telephone interviews with all of the Head Start programs and a randomly selected sample of agencies participating in the conferences and nonparticipants. Both surveys were taken immediately following the final SIP conference.

Generally, the Specially Funded Coordinators perceived SIP as very productive for the programs in their cluster. The coordinators shared a common perception of the goal of SIP: to coordinate services for young handicapped children and to increase awareness of available services and agencies.

In this survey the Specially Funded Coordinators indicated a variety of follow-up activities. One reported plans for a Health Fair; another announced several mini-conferences which have been tentatively scheduled for the early fall; the remainder reported that their local Head Start programs initiated participation in existing interagency or advocacy groups; and one stated that a new interagency group had been formed.

All the coordinators listed a wide variety of agencies that were especially responsive to collaborative activities. The Department of Social Services and the Public Schools were mentioned by nearly all the coordinators as among the less responsive agencies.

The major barrier to coordination identified by the coordinators was the limited agency representation at the conferences. In comparison with the large numbers of agencies serving each program area, relatively few were represented. This presented a special problem in the small group discussions at the conferences. Another barrier to coordination was the lack of information about who was the appropriate contact person within various organizations. This is a common problem in interagency communication.

A variety of facilitators of coordination were mentioned. Special systems like the Office for Children and the state Head Start network were seen as significant influences, as was the availability of money to purchase services. The most commonly mentioned facilitator, however, was the common goals of the agencies and the "mutual concern and desire to enhance services to handicapped children."

Generally, the coordinators reported an increase in collaborative activities. Some of these increases were with specific agencies and programs and some in the form of a more general orientation to collaboration.

In the telephone survey a different array of issues were addressed. These questions were raised: What activities did agencies participate in to promote coordination of services? What agencies did you learn more about this year? What proportion of agencies participate in interagency

or advocacy groups? What proportion of agencies use written agreements to obtain services? What types of collaboration do agencies participate in? How has SIP helped agencies access and coordinate services?

Coordination Activities

Most Head Start projects participated in several of the coordination activities, with SIP conferences and training being the most common. Twenty one types of coordination activities were named in addition to the seven listed on the questionnaire. A similar pattern was reflected among other conference participants and nonparticipants.

New Agencies

It is interesting that Head Start listed itself as a major agency that it learned more about this year. The North Carolina Office for Children and Departments of Social Services were also seen as sources of new information. Most frequently they listed their Specially Funded Coordinator or personal contact as the means of learning. One cluster listed its interagency council as a prime source of information. Most Head Start programs gained information about at least five new agencies this year.

Interagency Groups

The majority of North Carolina Head Start programs (18) participate in an interagency group. The primary benefits of these groups were listed as information-sharing and reduction of duplication of services. Suggestions for strengthening the groups included more frequent meetings and more agency representation.

Advocacy Groups

Fifteen of the Head Start programs participated in advocacy groups during this year. The primary benefit of these, also, was information-sharing. There was very little comment on how they could be improved. One project did suggest a need for more parent involvement.

Written Agreements

Twenty of the Head Start programs reported using written agreements to obtain services from other agencies this year. However, only three of these programs make a regular practice of using written agreements. The remainder use them only on occasion.

Forms of Collaboration

The most prevalent forms of collaboration which have occurred since participation in SIP activities are: information exchange, client placement or referral, and joint projects. Most Head Start projects participated in at least four of the various collaborative activities listed in the questionnaire.

SIP Benefits

In all but one of the clusters the majority of the Head Start programs felt SIP helped them access and coordinate services. Respondents named a wide variety of benefits such as: information about service agencies they did not know about; awareness of the values of collaboration; the opportunitity to meet together; and the opportunity to learn about needs.

Coordination Mechanism

Again, all but one of the clusters felt they could benefit from a new mechanism for coordination of services if located in their immediate area. The differing cluster was the same one which did not recognize SIP benefits, and was also the one in which a SIP conference was not held due to the lack of a request for such an activity. All but one program interviewed indicated an interest in receiving information on mechanisms used elsewhere.

Services Resources and Needs

Rationale

The Service Integration Project (SIP) conferences provided information on services available from the agencies represented at the conferences. The information was gathered from a matrix of resources and needs which was developed by the SIP staff. These data generated a Resource Directory for each registered SIP conference participant.

The matrix of resources and needs was developed by using a grid which delineated both the individual services and the agency providing the service. (Tables 8-10). Agency personnel participating in the SIP conferences were asked to indicate the services their agency was providing currently. The following is a list of the twenty five services which appeared on the service matrix.

Services

Counseling	Protective Legal Social	Foster
Screening	Recreation	Parent Training
Diagnosis	Staff Training	Staff Needs Assessment
Education	Transportation	Management
Evaluation	Treatment	Educational Planning
Follow-Up	Equipment	Financial Assistance
Referral	Instructional Materials	Health Assistance
Personal Care	Day Care	Public Relations
		Emergency

The first step in the data collection on available services was to determine the number of agencies providing a specific service. For example, (see Table) of the thirty-three agencies represented at the Burlington SIP conference, .67 provided a counseling service. Additionally, of the same number of agencies attending the conference, .18 reported that they were providing a counseling service but indicated a need for more of the same service. In the category of "not now providing counseling but needing it" a 0 percent is indicated.

TABLE 8

X Frequency percentage of common services provided by agencies as indicated on the SIP Burlington Conference Service Matrix.

	Counseling	Screening	Diagnosis	Education	Evaluation	Follow-Up	Referral	Personal Care	Protective Legal Social	Recreation	Staff Training	Transportation	Treatment	Equipment	Instructional Materials	Day Care	Foster Care	Parent Training	Staff Needs Assessment	Management	Education Planning	Financial Assistance	Health Assistance	Public Relations	Emergency
X = % Providing Service	.67	.60	.54	.63	.63	.63	.63	.60	.30	.45	.66	.45	.39	.36	.48	.27	.06	.57	.45	.39	.75	.18	.33	.51	.33
OX = % Providing Service But Need More of Same	.18	.15	.24	.15	.18	.24	.33	.09	.06	.06	.18	.21	.09	.21	.18	.06	0	.15	.21	.06	0	.09	.21	.18	.09
O = % Not Providing Service But Needing It	0	.03	.06	.03	.06	.03	.03	0	.21	.15	.06	.18	.18	.12	.06	.21	.24	.09	.18	0	.03	.36	.03	.15	.15

The preceeding chart indicates the X frequency percentage of common services provided by agencies as indicated on the SIP conference matrix in the Burlington conference. The data reported indicate that Educational Planning is the top service commonly provided while counseling is next. All service areas assessed overlap in their availability among the agency participants.

Another area of assessment for service availability was the mean (X) frequency of services which overlap in availability among agencies, but are needed still by agencies for their clients. In this category, Referral rated the highest frequency. Diagnosis followed in frequency of availability coupled with need. Foster Care and Educational Planning showed a "0" frequency for being needed by agencies represented at the SIP conferences.

A third area for assessment in service availability among agencies in the SIP conferences was that of agencies not providing a service, but needing it. The most frequently recorded service which was needed but not offered by agencies was that of financial assistance. The second highest rating for services not offered by an agency but needed was that of Foster Care.

With the exception of Greenville, each of the SIP collaborative conferences used the service resources and needs matrix. The results of the Burlington matrix have been presented in the immediately preceeding paragraphs. The Boone and Fayetteville results follow.

TABLE 9

Percentage of services offered, needed, or both of agencies attending Boone SIP conference.

	Counseling	Screening	Diagnosis	Education	Evaluation	Follow-Up	Referral	Personal Care	Protective Legal Social	Recreation	Staff Training	Transportation	Treatment	Equipment	Instructional Materials	Day Care	Foster Care	Parent Training	Staff Needs Assessment	Management	Education Planning	Financial Assistance	Health Assistance	Public Relations	Emergency
X = % Providing Service	.58	.47	.26	.90	.58	.58	.58	.41	.11	.47	.79	.36	.26	.47	.58	.32	.05	.68	.58	.05	.74	.32	.36	.47	.11
OX = % Providing Service But Need More of Same	.05	.05	.11	.05	.16	.21	.32	.00	.11	.05	.00	.11	.16	.11	.21	.00	.00	.11	.11	.05	.11	.21	.11	.32	.00
O = % Not Providing Service But Needing It	.21	.16	.26	.00	.16	.05	.05	.05	.21	.05	.16	.21	.21	.21	.00	.16	.47	.00	.00	.05	.00	.21	.11	.05	.05

COMMENT ON TABLE

Most Frequently Provided Services

Educational Services	.90
Staff Training	.79
Educational Planning	.74

Most Frequently Unavailable Services

Equipment	.47
Referral	.32
Public Relations	.32
Financial Assistance	.21
Instructional Materials	.21
Follow-up	.21

Most Frequently Needed But Unavailable Services

Foster Care	.47
Diagnosis	.26
Financial Assistance	.21
Equipment	.21
Treatment	.21
Protective Legal/Social	.21
Counseling	.21

TABLE 10

Percentage of services offered, needed, or both of agencies attending the Fayetteville SIP conference.

	Counseling	Screening	Diagnosis	Education	Evaluation	Follow-Up	Referral	Personal Care	Protective Legal Social	Recreation	Staff Training	Transportation	Treatment	Equipment	Instructional Materials	Day Care	Foster Care	Parent Training	Staff Needs Assessment	Management	Education Planning	Financial Assistance	Health Assistance	Public Relations	Emergency
X = % Providing Service	.46	.58	.41	.46	.54	.41	.63	.33	.08	.25	.54	.25	.25	.17	.21	.25	.08	.25	.38	.41	.46	.38	.29	.46	.13
OX = % Providing Service But Need More of Same	.04	.04	.17	.08	.08	.04	.00	.08	.13	.13	.00	.17	.00	.00	.00	.13	.13	.04	.04	.00	.00	.13	.17	.00	.00
O = % Not Providing Service But Needing It	.46	.29	.25	.38	.13	.50	.33	.38	.33	.33	.46	.41	.46	.46	.71	.29	.08	.63	.33	.25	.29	.29	.50	.46	.17

COMMENT ON TABLE

Most Frequently Available Services		Most Frequently Needed Services		Most Frequently Needed But Unavailable	
Referral	.63	Health Assistance	.17	Instructional Materials	.71
Screening	.58	Diagnosis	.17	Follow-Up	.50
Staff Training	.54	Transportation	.17	Health Assistance	.50
Evaluation	.54				

It is obvious that many agencies offer similar services and have common needs. Yet some agencies have resources which are not available to others in their community. The major impact of the preceeding service resource and needs matrices is to show that services need to be integrated and coordinated. Without this interaction among agencies, it is doubtful that children's special needs can be met.

APPENDIX

CHAPTER X

BOONE SIP CONFERENCE

Agency	Percentage of service provided, needed, both, and not applicable			
	X	OX	O	NA
1. Head Start	.48	.24	.04	.24
2. TEACCH	.64	.00	.24	.12
3. DEC	.56	.00	.12	.32
4. Crippled Children's Speech & Hearing	.56	.04	.04	.36
5. Western Carolina Center	.08	.00	.04	.88
6. Services for the Blind	.84	.12	.00	.04
7. Ashe Co. Board of Education	.28	.36	.32	.04
8. WAMY Handicap Cluster E	.32	.00	.36	.32
9. BROC Head Start	.56	.08	.32	.04
10. Wilkes Developmental Day Care	.20	.44	.28	.08
11. ASU Communicative Disorders	.36	.00	.04	.60
12. School for the Deaf Preschool	.36	.36	.16	.12
13. Ashe Co. Develop. Day Care	.24	.40	.24	.12
14. NC Lions Assoc. for Blind	.60	.00	.04	.36
15. Social Security Admin.	.12	.04	.00	.84
16. I Care, Inc. Head Start	.76	.00	.00	.24
17. Office for Children (Region E)	.36	.00	.00	.64
18. ECCCM, Inc. Head Start	.64	.04	.08	.24
19. LINC STATAO Head Start	.52	.08	.00	.40

KEY: X = Service Offered
O = Service Needed
OX = Service Offered, But Needed
NA = Not Applicable

FAYETTEVILLE SIP CONFERENCE

Agency	Percentage of services provided, needed, both, or not applicable			
	X	OX	O	NA
1. Henley-Roberts, Lillington	.40	.40	.16	.04
2. Henley-Roberts Day Care	.40	.40	.16	.04
3. Harnett Co. Schools	.04	.52	.04	.40
4. Harnett Co. Head Start	.52	.28	.00	.12
5. Columbus Co. Board of Ed.	.00	.88	.04	.08
6. Columbus Co. Mental Health	.00	.88	.08	.04
7. Columbus Head Start	.00	.96	.04	.00
8. Columbus Co. Public Library	.00	.52	.00	.48
9. N.C. Day Care (OCDL Unit)	.00	.36	.00	.64
10. Nixon Day Care (Pender Co.)	.00	.64	.08	.28
11. Johnston-Lee Head Start	.60	.32	.04	.04
12. Lee Co. Children's Unit	.52	.36	.00	.12
13. New Horizons School	.40	.20	.12	.28
14. Dept. of Social Services	.60	.04	.00	.26
15. New Hanover Co. Head Start	.60	.20	.04	.16
16. DEC Wilmington	.40	.12	.08	.40
17. Project Enlightenment	.52	.00	.04	.44
18. Wake Raleigh Head Start	.92	.04	.04	.00
19. CCAP Inc., Head Start	.08	.72	.08	.12
20. Childrens Services	.48	.08	.32	.12
21. Fayetteville City Schools	.56	.08	.32	.12
22. Dept. Human Resources (DEC)	.40	.00	.04	.66
23. Southeastern Speech and Hearing Services	.48	.24	.12	.16
24. Dept. of Human Resources (DD Division)	.48	.28	.00	.24

KEY: X = Service Offered
O = Service Needed
OX = Service Offered, But Needed
NA = Not Applicable

EVALUATION N = 44

GREENVILLE

Conference on Young Handicapped Children

YOUR EVALUATION WILL GREATLY HELP IN DETERMINING THE EFFECTIVENESS OF THIS CONFERENCE. PLEASE ANSWER THE QUESTIONS BELOW AND RETURN YOUR COMPLETED EVALUATION TO THE REGISTRATION DESK.

GOAL: To Extend Conference Participants' Knowledge of Federal, State, and Local Resources to Improve Delivery of Services to Young Handicapped Children.

1. How much did each of the following conference activities add to your knowledge of federal, state and local resources?

	Very Much	Some	Little or None	NR
Speakers	15	23	2	4
Exhibits	18	21	1	4
Handouts	19	16	2	7
Film Festival	10	16	2	16
Small group meetings	22	7	4	11
Conversations with participants	26	7	4	7

2. How much emphasis was put on each of the three types of resources?

	Too Much	About Right	Too Little	
Federal	1	28	11	4
State	2	27	10	5
Local	1	27	11	5

3. How much will the knowledge you gained help you plan more effective collaboration?

Very Much	Moderately	Very Little	
19	20	4	1

4. How much did the conference help you gain each of the following types of knowledge?

	Very Much	Moderately	Very Little	
Knowledge of resources I was unaware of	17	15	10	2
How to use resources more effectively	9	24	8	3
Knowledge of new opportunities for collaboration	21	17	5	1

	Very Much	Moderately	Very Little	
How to coordinate with other agencies programs	11	29	1	3
Greater awareness of the need for collaboration	21	16	4	3
Greater awareness of the kinds of services handicapped children need	12	17	11	4

GOAL: To Improve Delivery of Services by Strengthening or Developing Local Advocacy Councils.

1. How much can a local advocacy council contribute to improving the delivery of services to young handicapped children in your area?

   Very Much 25 Moderately 17 Very Little 0 2

   Comments:

2. Does your agency currently participate in a local interagency or advocacy group?

   Yes 26 No 10 Don't Know 6 2

3. How familiar were you with the advocacy concept before this conference?

   1 Never heard of it
   13 Heard of it by never been involved
   10 Very familiar but not involved
   18 Have participated in advocacy activities

   2

4. How clearly was the advocacy concept presented at this conference?

   Very Clearly 27 Moderately Clearly 16 Very Unclear 0 1

5. How useful do you feel the Action Planning Process would be in organizing or strengthening a local interagency or advocacy council?

   Very Useful 27 Moderately Useful 13 Very Little 2 2

6. How familiar were you with the Action Planning Process before this conference?

   16 Never heard of it
   13 Heard of it but never participated
   13 Have participated
   1 Have led the process

   1

7. How clearly were the Action Planning Process steps presented?

	Very Clearly	Moderately Clearly	Very Unclear	
Needs Identification	25	13	____	6
Needs Prioritization	24	13	____	7
Writing Goals & Objectives	15	18	4	7
Analysis of Forces	16	14	2	12
Planning Action Steps	14	18	2	10

8. Do you expect to use this process or any part of it in the future?

Yes 29 No 1 Maybe 12 2

9. As a result of the demonstration and the handouts, do you feel you could lead this process?

Yes 16 No 3 Maybe 22 3

10. How clearly was the collaborative agreement procedure presented?

Very Clearly 13 Moderately Clearly 22 Very Unclear 2 7

11. How useful will the collaborative agreement be in improving the delivery of services to young handicapped children?

Very Useful 18 Moderately Useful 15 Little Use 1 10

12. What type of agency are you representing at this conference? At what level?

____	Consumer	4	State level
____	Day Care	4	Regional level
22	Head Start	18	Local level
____	Higher Education	18	NR
3	Mental Health		
3	Office for Children		
____	Professional Assn.		
1	Public Health		
3	Public Schools		
2	Social Services		
6	Other		
4	NR		

13. What were the strongest features of this conference?

14. What were the weakest features of this conference?

15. General Comments:

16. Which sessions did you attend?

_____ Film Festival
_____ Tuesday Evening
_____ Wednesday Morning
_____ Wednesday Afternoon

N = 15

Boone, N. C., 2/17-18 GENERAL EVALUATION

Conference on Young Handicapped Children

YOUR EVALUATION WILL GREATLY HELP IN DETERMINING THE EFFECTIVENESS OF THIS CONFERENCE. PLEASE ANSWER THE QUESTIONS BELOW AND RETURN YOUR COMPLETED EVALUATION TO YOUR GROUP LEADER.

1. What type of agency are you representing at this conference?

___ Consumer	1 Mental Health	1 Public Schools
___ Day Care	___ Office for Children	2 Social Services
3 Head Start	___ Professional Assoc.	1 Institutions
1 Higher Education	2 Public Health	4 Other (specify)

2. At what level?

4 State level 3 Regional level 9 Local level

3. Which sessions did you attend?

13 Thurs. morning 12 Thurs. afternoon 12 Friday morning

4. How much did each of the following conference activities add to your knowledge of federal, state and local resources?

	Very much	Some	Little or None	
Speakers	13	2	___	
Exhibits	5	8	___	2
Handouts	7	6	1	1
Small group meetings	7	7	___	1
Conversations with participants	5	7	___	

5. How much emphasis was put on each of the three types of resources?

	Too much	About right	Too little	
Federal	___	5	6	4
State	___	10	2	3
Local	___	9	3	3

6. How much will the knowledge you gained help you plan more effective collaboration?

Very much	Moderately	Very Little
3	10	2

7. How much did the conference help you gain each of the following types of knowledge?

	Very much	Moderately	Very Little	
Knowledge of resources I was unaware of	4	9	2	
How to use resources more effectively	2	7	5	1
Knowledge of new opportunities for collaboration	5	6	4	

	Very Much	Moderately	Very Little
How to coordinate with other agencies programs	3	8	5
Greater awareness of the need for collaboration	5	9	1
Greater awareness of the kinds of services handicapped children need	3	11	1

8. How much can a local advocacy council contribute to improving the delivery of services to young handicapped children in your area?

Very Much 8 Moderately 4 Very Little 1 2

Comments:

9. Does your agency currently participate in a local interagency or advocacy group?

Yes 11 No 3 Don't Know ____ 1

10. How familiar were you with the advocacy concept before this conference?

2 Never heard of it
2 Heard of it but never been involved
3 Very familiar but not involved
8 Have participated in advocacy activities

11. How useful do you feel the group process would be in organizing or strengthening a local interagency or advocacy council?

Very Useful 5 Moderately Useful 6 Very Little 1 3

12. How clearly were the group process steps presented?

Very Clearly 2 Moderately Clearly 10 Very Unclear 1 3

13. Do you expect to use this process or any part of it in the future?

Yes 5 Maybe 8 No ____ 2

14. As a result of the demonstration and the handouts, do you feel you could lead this process?

Yes 4 Maybe 7 No 1 3

15. How clearly was the collaborative agreement procedure presented?

Very Clearly 6 Moderately Clearly 6 Very Unclear 2 1

16. How useful will the collaborative agreement be in improving the delivery of services to young handicapped children?

Very Useful 7 Moderately Useful 4 Little Use 1 3

17. Does your agency use written agreements to obtain or coordinate services with other agencies?

Rarely or Never 1 Sometimes 10 Almost Always 3 1

N = 42

GENERAL EVALUATION

Burlington, NC 3/1-2/77

Conference on Young Handicapped Children

YOUR EVALUATION WILL GREATLY HELP IN DETERMINING THE EFFECTIVENESS OF THIS CONFERENCE. PLEASE ANSWER THE QUESTIONS BELOW AND RETURN YOUR COMPLETED EVALUATION TO YOUR GROUP LEADER.

NR

1. What type of agency are you representing at this conference?

1 Consumer	6 Mental Health	2 Public Schools	
10 Day Care	1 Office for Children	1 Social Services	
15 Head Start	Professional Assoc.	1 Institutions	
1 Higher Education	2 Public Health	3 Other (specify)	

2. At what level?

4 State level	2 Regional level	35 Local level	1

3. Which sessions did you attend?

40 Tues. Morn. 37 Tues. Afternoon 40 Wed. Morning 26 Wed. Afternoon

4. How much did each of the following conference activities add to your knowledge of federal, state and local resources?

	Very much	Some	Little or None	
Speakers	37	5		
Exhibits	9	28	4	1
Handouts	11	27	1	3
Small group meetings	25	15		2
Conversations with participants	28	11	1	2

5. How much emphasis was put on each of the three types of resources?

	Too much	About right	Too little	
Federal		34	5	3
State		40	1	1
Local		31	9	2

6. How much will the knowledge you gained help you plan more effective collaboration?

Very much	Moderately	Very Little	
27	11	1	3

7. How much did the conference help you gain each of the following types of knowledge?

	Very much	Moderately	Very Little	
Knowledge of resources I was unaware of	25	14	1	2
How to use resources more effectively	16	18	5	3
Knowledge of new opportunities for collaboration	23	14	5	

	Very Much	Moderately	Very Little	
How to coordinate with other agencies programs	11	24	4	3
Greater awareness of the need for collaboration	30	9	3	
Greater awareness of the kinds of services handicapped children need	23	13	5	1

8. How much can a local advocacy council contribute to improving the delivery of services to young handicapped children in your area?

Very Much 30 Moderately 6 Very Little 3 3

Comments:

9. Does your agency currently participate in a local interagency or advocacy group?

Yes 33 No 6 Don't Know 2 1

10. How familiar were you with the advocacy concept before this conference?

1 Never heard of it
13 Heard of it but never been involved
8 Very familiar but not involved
19 Have participated in advocacy activities 1

11. How useful do you feel the group process would be in organizing or strengthening a local interagency or advocacy council?

Very Useful 24 Moderately Useful 8 Very Little ____ 1

12. How clearly was the advocacy concept presented at this conference?

Very Clearly 28 Moderately Clearly 13 Very Unclear ____ 1

13. Do you expect to use this process or any part of it in the future?

Yes 24 Maybe 16 No ____ 2

14. As a result of the demonstration and the handouts, do you feel you could lead this process?

Yes 9 Maybe 30 No 2 1

15. How clearly was the collaborative agreement procedure presented?

Very Clearly 11 Moderately Clearly 24 Very Unclear 1 6

16. How useful will the collaborative agreement be in improving the delivery of services to young handicapped children?

Very Useful 23 Moderately Useful 13 Little Use 1 5

17. Does your agency use written agreements to obtain or coordinate services with other agencies?

Almost always 14 Sometimes 17 Rarely or never 5 6

GENERAL EVALUATION

Fayetteville, NC 4/27-28/77

CONFERENCE ON COORDINATION
THROUGH COLLABORATION

N = 41

YOUR EVALUATION WILL GREATLY HELP IN DETERMINING THE EFFECTIVENESS OF THIS CONFERENCE. PLEASE ANSWER THE QUESTIONS BELOW AND RETURN YOUR COMPLETED EVALUATION TO YOUR GROUP LEADER.

1. What type of agency are you representing at this conference?

1 Consumer	Mental Health	3 Public Schools	
2 Day Care	Office for Children	1 Social Services	
31 Head Start	Professional Assoc.	1 Institutions	
Higher Education	1 Public Health	Other (specify)	NR = 1

2. At what level?

1 State level 5 Regional level 35 Local level

3. Which sessions did you attend?

25 Wed. Morn. 24 Wed. Afternoon 39 Thur. Morning 39 Thur. Afternoon

4. How much did each of the following conference activities add to your knowledge of federal, state and local resources?

	Very much	Some	Little or None	NR
Speakers	31	10		
Exhibits	5	19	4	13
Handouts	17	22	2	
Small group meetings	19	15	2	5
Conversations with participants	20	12	2	7

5. How much emphasis was put on each of the three types of resources?

	Too much	About right	Too little	
Federal		37	2	2
State		39	1	1
Local		40	1	

6. How much will the knowledge you gained help you plan more effective collaboration?

Very much	Moderately	Very Little
20	19	2

7. How much did the conference help you gain each of the following types of knowledge?

	Very much	Moderately	Very Little
Knowledge of resources I was unaware of	14	18	7
How to use resources more effectively	16	20	4
Knowledge of new opportunities for collaboration	20	15	6

	Very Much	Moderately	Very Little
How to coordinate with other agencies programs	15	22	2
Greater awareness of the need for collaboration	24	15	1
Greater awareness of the kinds of services handicapped children need	21	15	4

8. How much can a local advocacy council contribute to improving the delivery of services to young handicapped children in your area?

   Very Much 29 Moderately 8 Very Little ____

   Comments:

9. Does your agency currently participate in a local interagency or advocacy group?

   Yes 33 No 6 Don't Know 1

10. How familiar were you with the advocacy concept before this conference?

    Never heard of it ____ Very familiar but not involved 6

    Heard of it but, never been involved 14 Have participated in advocacy activities 18

11. How clearly was the advocacy concept presented?

    Very clearly 21 Moderately Clearly 20 Very Unclear ____

12. How useful do you feel the group process would be in organizing or strengthening a socal interagency or advocacy council?

    Very Useful 24 Moderately Useful 17 Very Little ____

13. How clearly were the group process steps presented?

    Very Clearly 22 Moderately Clearly 19 Very Unclear ____

14. Do you expect to use this process or any part of it in the future?

    Yes 24 Maybe 14 No ____

15. As a result of the demonstration and the handouts, do you feel you could lead this process?

    Yes 10 Maybe 24 No 6

16. How clearly was the collaborative agreement procedure presented?

    Very clearly 21 Moderately Clearly 19 Very Unclear ____

17. How useful will the collaborative agreement be in improving the delivery of services to young handicapped children?

    Very Useful 26 Moderately Useful 13 Very Little ____

18. Does your agency use written agreements to obtain or coordinate services with other agencies?

Almost Always 12 Sometimes 12 Rarely or Never 14

19. Comments on the conference structure:

a. Invitations and Publicity

b. Time Schedule

c. Conference Materials

d. Exhibits

e. Small Group Process

f. Presentations

g. Conference Facilities

h. Other

Recommendations for
Replication and Investigation
Jo Jackson Fabrizio, Anne R. Sanford

RECOMMENDATIONS FOR REPLICATION AND INVESTIGATION

The North Carolina Service Integration Project (SIP) was funded as a statewide experimental program; however, the results of this pilot effort have implications for both state and local approaches to service integration.

At the state level, there is an advantage in drawing upon the coordination services of a "third party facilitator" such as the SIP project. This catalytic agent from outside the state bureaucracy poses no threat to territoriality, control, or existing agency responsibilities. Generally, the SIP's role as facilitator or stimulus was viewed upon as a temporary resource in generating increased state-level agency coordination. This same role could be duplicated by various programs in other states. The obvious advantages of state-level coordination are:

1) Numerous state-wide networks or systems can be activated by authority figures

2) Communication of information is facilitated through the use of existing state systems of services

3) A model of interagency collaboration at the state level can serve to stimulate coordination at the local level

In spite of these advantages of state-level coordination, a common message of participants of the North Carolina SIP process was the appeal for focus on the local level. All of the strategies outlined in this monograph can be applied to the local county which generally serves as the geographical organizational unit. It is the county administrative structure that typically encompasses the school system, Department of Social Services, Head Start agency, Mental Health, Public Health Department, etc. It is only when appropriate representatives of local agencies engage in personal interaction that meaningful information-sharing and collaboration can occur.

The local interagency task force should share specific goals for a common target group in order for effective advocacy to become a reality. In many counties, Head Start is represented on a general interagency council composed of a wide variety of human service delivery systems. For more specific and relevant integration of services to young handicapped children, a subcommittee of local agencies focusing on young children seems appropriate. In such a relevant group with common goal structure, concrete steps toward case-specific coordination are facilitated.

The SIP conferences proved to be a nonthreatening process for information-sharing. The use of the collaborative process in each conference provided a systematic approach for examining needs and resources. To those considering replication of the SIP model, several recommendations are offered by the Chapel Hill staff:

1) Define specifically the intent and strategies of service integration

2) Select a target group which is small enough to ensure relevant follow-up to the stimulus process

3) Approach service integration with a positive commitment to the benefits for the consumer

4) Identify the bargaining strengths that can be capitalized upon in collaboration (i.e., funding, training, therapy, etc.).

5) Adopt or develop a systematic process for interagency movement toward collaboration.

6) Name specific persons to coordinate service integration implementation and follow-up.

7) Inform legislators and other decision-makers of the intent to integrate services in the target area.

8) Develop a list of prominent speakers and planners to serve as influential participants in the service integration project.

9) Use public media to stimulate public awareness of the need for service integration.

10) Include consumers (parents and handicapped individuals) to articulate the problems of inadequate service integration.

11) Collect and present factual data that supports the need for service integration in the immediate target area (number of handicapped children needing services, mandates of various service systems, etc.).

12) Disseminate success stories which illustrate the effectiveness of the service integration process.

13) If the Service Integration Project "Collaborative Process" is adapted, the following changes are suggested:

    a. Delete the Service Integration Discussion Guide of four questions and use such questions instead as a guide for moving small group participants through the Service Resources and Needs sheet.

    b. Criterion reference the service categories for the Service Resources and Needs sheet. Also, ask participants to assign a rank in terms of priority for need and services that represent the strongest features of their agency.

    c. Delete Process Step 4, the Collaboration Worksheet, and instead use Process Step 5, the Collaborative Agreement.

Summary

The 1972 Congressional mandate that at least 10% of Head Start enrollment must include handicapped children has stimulated a need of increased interagency collaboration at the local level. Head Start's comprehensive services of education, parent involvement, social services, and health services require numerous specialized resources for the developmentally disabled. The Office of Child Development's approach to comprehensive services through Head Start provides a natural facilitator for increased interagency collaboration in serving the young handicapped child and his family.

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